OU Medicine’s guidelines for patients suspected or confirmed with COVID-19
## Toolkit Revisions

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Message from the CEO

As the events surrounding COVID-19 continue to evolve, OU Medicine personnel across all disciplines have been activated for appropriate responses, and our first and highest priority remains the safety and well-being of each patient and staff member.

COVID-19 has been confirmed in Oklahoma. As we have new information and updates, we will keep you alerted. Travel guidelines and restrictions as well as standard incubation guidelines have been established for OU Medicine, Inc. employees.

We have created this COVID-19 toolkit that highlights our preparedness, precautions and protocol in dealing with this disease. Please review the contents of the toolkit and direct your questions to your manager, supervisor or director. This document will be updated on a regular basis as the situation continues to evolve.

Thank you for your cooperation as we work to prevent future spreading of this illness.

Chuck Spicer, FACHE
President and CEO, OU Medicine, Inc.

OU Medicine Preparedness Guide
OU Medicine has developed a Special Pathogen Operations Response Team (SPORT) to ensure the precautions and protocols outlined in this toolkit are well communicated and followed.

This document is a compilation of resources to support OU Medicine’s plan for treating patients suspected/confirmed with COVID-19 and healthcare workers and other staff who will encounter the patient.

Guidance from the Center for Disease Control and Prevention (CDC), the Oklahoma State Department of Health (OSDH) and the 2019 Coronavirus Toolkit from Massachusetts General Hospital Center for Disaster Medicine serve as a foundation for OU Medicine’s planning and preparedness activities.

As the situation with COVID-19 evolves, this document will be updated to give OU Medicine staff up to date information. Please contact your leadership if you have any questions.

DO NOT PRINT this toolkit for reference. It is a living document and will have frequent revisions. Always refer to the COVID-19 Portal for most recent version.

ANY revisions to this document need to be sent to Dan Raiden (dan.raiden@oumedicine.com).
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Introduction

OU Medicine and its academic partner the University of Oklahoma Health Sciences Center, are committed to the protection of the health and safety of our patients and employees. Infectious disease universal precautions have us ready for all health outbreaks and threats, including the serious respiratory illness caused by Coronavirus Disease 2019 (COVID-19).

In perpetual readiness for potential public health emergencies, OU Medicine and its hospitals, OU Medical Center, OU Medical Center Edmond and The Children’s Hospital, routinely observe comprehensive protocols to safeguard the health and well-being of patients, staff and guests.

OU Medicine continues to use recognized best practices in infection prevention, and has also implemented safeguards and protocols, implemented specific to COVID-19.

If you work in an area that has defined a need for you to wear an N95 respirator, OU Medicine Employee Health can provide your Fit Test. For more information, go to http://oumc.medcity.net/Dept/EmployeeHealth/index.cfm?
Chapter 1 – Acute Care

Screening Workflow
Emergency Department, Transfer Center or OB Triage

![Screening Workflow Diagram]

*See toolkit to determine appropriate PPE.*
Staff Log for Entry into Patient Room

Clarification Added 03/25/2020

- As soon as a patient has been tested for COVID-19, the Staff Log should be initiated.
- Any employee who enters the room of a suspected/confirmed COVID-19 must sign the log and have another staff person monitor the putting on (donning) and removal (doffing) of PPE.
- This form should travel with the patient and emailed/returned to the names listed on the form.
- This document is available for download on eDemand.

<table>
<thead>
<tr>
<th>PERSON ENTERING TREATMENT AREA (NAME)</th>
<th>MODALITY OF STAFF (Personal protective equipment, PPE)</th>
<th>Name of Witness to Donning PPE (when)</th>
<th>Name of Witness to Doffing PPE (when)</th>
<th>PPE Worn</th>
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Completed log should be EMAILED each morning @ 0700 to:
Lael Fleemor, Infection Prevention (lael.fleemor@oumedicine.com) and Pam Smith, Employee Health (pam.smith5@oumedicine.com)

03/19/2020 V2
Added 03/25/2020

Beginning this morning, March 25, The Children’s Hospital updated its screening system for all visitors. Patients will continue to be screened in clinics.

Visitors coming into The Children’s Hospital will now have their temperatures taken before being allowed to go into the hospital or clinics. Additionally, visitors will be asked to fill out the attached form, which is also available in Spanish. They will then be given a yellow wrist band with the current date. Screens have been put up in The Children’s Hospital entrance for these screening activities to be conducted in private.

The visitors will be asked to keep the form to present when showing their wrist band to the clinics or hospital areas. This process will keep visitors from having to have their temperatures taken again in each individual area.

While the screening team will be enforcing the one visitor rule, it is still up to the departments to verify that there is only one, consistent visitor per pediatric patient.
Patient & Visitor Policy (Continued)

Effective March 23, 2020

OU MEDICINE hospitals and clinics are no longer allowing visitors for adult patients.

This includes:

- OU Medical Center
- OU Medical Center Edmond
- OU College of Pharmacy locations
- OU Physicians Clinics
- Stephenson Cancer Center
- Harold Hamm Diabetes Center
- Presbyterian Professional Office Building
- OU College of Dentistry
- OU College of Allied Medicine.

Due to the special considerations for children’s care, The Children’s Hospital and OU Children’s Physicians are allowing one hospital visitor (including in Labor and Delivery) or person to accompany a child to an appointment. This person must be over the age of 18, including siblings.

Trauma, palliative care, hospice and adult patients requiring assistance from a guardian or caregiver will be addressed on a case-by-case basis regarding visitation. Any exceptions will need to be addressed to the facility/clinic administrator on call who will obtain approval from the facility president.

Additionally, OU Medicine is requesting that visitors who may be sick or experiencing flu-like symptoms not visit the hospital unless they are seeking medical treatment.

Large groups of visitors gathering in waiting rooms, lobbies and other public areas in OU Medicine facilities is discouraged.

OU Medicine hospitals and OU Children’s Physicians have begun checking in visitors upon their arrival to the individual facility. Specific entrances have been designated for patients and authorized visitors to enter. Visitor Screening Forms can be found in Appendix B (English) and Appendix C (Spanish) if needed.

As previously announced, these visitation changes are only temporary. In the meantime, a resource booklet with information on how to communicate with hospitalized loved ones is available at oumedicine.com/covid.
Infection Prevention

When to call Infection Prevention Nurse

1. When you are admitting a suspected COVID-19 patient.
2. When you have any questions regarding COVID-19.

If your patient does not meet the above criteria to call, than please add the patient to the ER log and e-mail the ER log to your hospital IP every morning by 8am.

Patient Log should contain:
1. Patient Name and DOB
2. Staff Members who entered the room or were around the patient.
3. Testing for COVID-19 performed- Yes or No
4. Was the patient immediately masked and placed in an isolation room?

When you have a patient screen yes to the initial screening questions (reminder):
1. Place a mask on the patient and anyone with them.
2. Immediately move patient to an isolation room. If no negative pressure room is available place patient in any other room and close the door.
3. Use PPE: Gown, Gloves, N-95 mask and Goggles
4. Notify the Clinical Coordinator
5. Notify the Lab of the suspected COVID-19 patient.
   a. All lab specimens should be sent in double purple bags. Wipe exterior of the bags with bleach wipes prior to sending.
PPE for Suspected or Confirmed COVID-19

Updated 03/23/2020

Click here for PPE Training Video outlining the CDC guidelines for donning & doffing Personal Protective Equipment. Video can also be found on the COVID-19 Portal on the OU Medicine Intranet.

Updated March 20, 2020

<table>
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<th>PPE for Suspected or Confirmed COVID-19</th>
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<td><strong>N95 RESPIRATOR</strong></td>
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<td>Eye Protection</td>
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<td>Face Shield or Safety Glasses</td>
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<td><strong>Surgical Mask</strong></td>
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<td><strong>Patient on Ventilator</strong></td>
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<td><strong>Patient requiring ICU level-of care</strong></td>
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<td><strong>Patient undergoing aerosolizing procedures</strong></td>
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<td>Intubation/Extubation</td>
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<td>Bronchoscopy</td>
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<td>CPR, etc</td>
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<tr>
<td><strong>During patient collection of NP specimen for COVID-19 testing</strong></td>
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<tr>
<td><strong>INCLUDING Patients in ED</strong></td>
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<tr>
<td>Patient NOT on a Ventilator</td>
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<tr>
<td>Patient NOT requiring ICU level-of-care</td>
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<tr>
<td>Patient NOT undergoing aerosolizing procedures</td>
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Updated March 19, 2020

ANY STAFF or PROVIDER providing direct patient care with a suspected/confirmed patient with COVID-19 can receive JIT FIT testing by contacting the Clinical Coordinator.

Staff in the OU Family Medicine Respiratory Clinic may contact OUM Employee Health at oumdlehcovid19screening@oumedicine.com for FIT testing.

Prescription eye glasses alone are NOT adequate eye protection
Personal Protective Equipment (PPE) according to Health Care Activities

FOR: HEALTH CARE WORKERS

Personal Protective Equipment (PPE) according to Health Care activities

Remember: Hand hygiene is always important. Clean hands before putting on, before and after taking off, PPE.

Triage/Points of Entry Screening Personnel
- Medical Mask

Collecting Respiratory Specimen
- Goggles or Face Shield
- Medical Mask
- Gown
- Gloves

Caregiver in Low-Risk Environment
- Mask Not Needed

Caring For A Suspected/Confirmed Case of COVID-19 with No Aerosol Generating Procedure
- Goggles or Face Shield
- Gloves
- Medical Mask
- Gown

Caring for a suspected/Confirmed Case of COVID-19 - With Aerosol Generating Procedure
- Goggles or Face Shield
- Respirator (N95 or Ffp2)
- Paper/Cap
- Gloves

Transport of Suspected/Confirmed Case of COVID-19, Including Direct Care
- Medical Mask
- Gloves

World Health Organization
Western Pacific Region
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

**EFFECTIVE IMMEDIATELY: 03/24/2020**

**OVERVIEW:**
These recommendations are temporary while there are national and international shortages of protective equipment.

These guidelines apply to the following:
- Respirators include powered air purifying respirators (PAPRs)
- Disposable N95 respirators
- Protective eyewear (whichever is available):
  - Face shields
  - Safety glasses
  - Goggles

**PURPOSE:**
- To prevent a shortage or exhaust our supply of facemasks, respirators and eye protection.
- To ensure that our staff have access to the necessary supplies to perform patient care safely.

**DEFINITIONS:**
- **Extended Use**
  - Refers to the practice of wearing the same N95 respirator for repeated encounters with several patients, without removing the respirator between the encounters.
  - Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms, clinics or hospital units.
  - Eye protection may be left in place with the N95 respirator for extended use.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

DEFINITIONS (Continued):

- **Reuse**
  - Refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it (‘doffing’) between at least some of the encounters.
  - The respirator is stored in between encounters and reused.
  - Re-use of full face shields will be permitted.
  - Face shields will be dedicated for use by individual healthcare personnel.
  - Disinfection of the face shield will be required between uses.

GUIDING PRINCIPLES

- **Extended use is preferred over re-use**
  - On the assumption that it is safer for the employee to leave their mask and eye protection in place, to reduce the risk of self-contamination through frequent donning and doffing of the same equipment.
  - Facemasks, PAPR hoods, N95s and eye protection can be re-used in a careful and limited way during periods of short supply.
  - Guidance is for reuse by a single person (**NO SHARING**). This principle applies to respirators and eye protection.
  - Disposable N95 respirators worn for COVID-19 PUIs may be re-used or worn for extended use as long as:
    - It was not worn during an aerosol generating procedure.
    - It has reached the end of its use by being damaged or moist from sweat or insensible fluid loss through breathing.
  - The use of N95 respirators is prioritized for those personnel at the highest risk of contracting or experiencing complications of infection.
  - Limit room traffic where possible by ensuring that only those essential for patient care enter the room - strategies include:
    - Bundling of care.
    - Limiting or avoiding bedside clinical teaching.
    - Limiting operating room traffic.
    - Use of telemedicine where possible.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

(Continued):

APPLICABILITY

These guidelines apply to all healthcare workers (HCW) who need to wear respiratory protection during patient care or as a requirement of their work responsibilities.

GENERAL GUIDELINES

- N-95 Respirators
  - Re-use guidelines apply only to those who are fit-tested for a disposable N95 respirator.
- Extended use or re-use is not recommended if worn during an aerosol generating procedure or if the N95 respirator has reached the end of its use through being damaged or moistened.
- All supplies of N95 respirators will be stored in locked or secured, designated areas and will be issued to staff with an appropriately handled paper bag or container that allows breathability.
- Label the N95 respirator and paper storage bag with the user’s name before using to prevent reuse by another individual. Write name on mask where straps are attachment or on elastic straps of N95 mask.
- Write dates and times used on the bag to track overall use.
- Full face shields (if available) are dedicated to individual healthcare personnel as the foam piece and elastic band cannot be adequately disinfected between uses.
- Re-use of full-face shields is permitted following disinfection guidelines.
- Label the full-face shield across the top with name.

GUIDANCE FOR REUSE & EXTENDED USE OF FACEMASKS (Surgical/Procedure Masks)

- Doff facemask
  - Perform hand hygiene
  - Remove the procedure mask by holding the ear loops or ties. The front is contaminated, so remove slowly and carefully.
  - After removing facemask, visually inspect for contamination, distortion in shape/form. If contaminated or wet the mask should be discarded.
  - If the facemask is NOT visibly contaminated or distorted, carefully store in the paper bag to avoid destroying the shape of the mask.
  - The facemask should be stored in a well-ventilated container (i.e., paper bag with handles) with user name & date.
  - A disposable facemask can be worn for several hours if not wet or distorted, and not touched while delivering patient care.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

(Continued):

INSTRUCTIONS FOR LIMITED REUSE OF DISPOSABLE N95 RESPIRATORS

- Extended use is preferred over re-use.
- You can continue to wear the N95 respirator and eye protection for your entire shift. N95 and eye protection may be removed and stored appropriately for re-use later.

STORAGE OF PREVIOUSLY WORN DISPOSABLE N95 RESPIRATORS

- After removing N-95, visually inspect for contamination, distortion in shape/form. If contaminated/wet, creased or bent, N95 should be discarded.
- If the N95 is NOT visibly contaminated or distorted, carefully store to avoid destroying the shape and consistency of the mask.
- The N95 should be stored in a well-ventilated container (i.e., paper bag with handles) with user name & date.
- A disposable N95 can be worn for several hours and multiple shifts if not wet or distorted, not touched while delivering patient care, and not involved in an aerosol-generating procedure (per CDC and NIOSH, pandemic response).

PROCESS TO REUSE YOUR DISPOSABLE N95 RESPIRATOR

- Remove N95 mask from paper storage bag and visually inspect for distortion. If creased or bent do not re-use.
- Donning
  - Perform hand hygiene.
  - Don gown and gloves.
  - Don the N-95 respirator.
  - Perform hand hygiene over gloves.
  - Perform a negative/positive seal check by doing the following:
    - No air should be felt around the perimeter while blowing out. If you feel air coming out it is not a tight seal.
    - When taking a small breath in, the mask should pucker in slightly. If it does not, it is not re-usable.
    - If not a tight seal, the respirator cannot be re-used.
  - Ensure the mask is breathable, if unable to breathe in the mask, the respirator cannot be re-used.
  - PERFORM HAND HYGIENE over gloves following seal check as the mask has been previously used.
  - Don procedure mask with goggles or full face shield over N95.
  - Continuing donning order of other PPE.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

(Continued):

INSTRUCTIONS FOR LIMITED REUSE OF PROTECTIVE SAFETY GLASSES OR GOGGLES

- Remove safety glasses per doffing procedure, ensuring to only touch the slides of the safety glasses or goggles.
- Don clean gloves and wash the safety glasses with soap and water, utilizing friction to remove any contaminants
- Allow to dry before donning again
- Store in your brown paper bag with the rest of your PPE.
- Item has been decontaminated prior to storage so it can be placed at the bottom of the bag.
- If contamination occurs from the mask stored on the bag, decontaminate again with soap and water.

INSTRUCTIONS FOR THE LIMITED REUSE OF FULL FACE SHIELDS (if available)

- Full face shields are dedicated to individual healthcare personnel as foam piece and elastic head band cannot be adequately disinfected between personnel.
- Don gloves and adequately disinfect inside then outside surfaces, avoid using PDI Sani wipe on foam and elastic band.
- Store reused full face shield alongside your labeled paper bag containing your re-used N95

INSTRUCTIONS FOR THE LIMITED REUSE OF PAPR HOODS

- Donning:
  - After performing a safety check, assemble the PAPR to connect the hood, hose belt and motor.
    - Write name on the hood.
  - Perform hand hygiene.
  - Don the PAPR by donning the belt, turning on the PAPR motor and donning the ½ hood.
  - Don gown over the PAPR tubing and belt.
    - Use easy to undo bows to secure the ties
    - Tuck gown under the PAPR motor to avoid the gown occluding air inlet to the PAPR motor.
  - Don gloves.

- Doffing
  - While in the patient’s room, remove gown then gloves prior to leaving.
  - Perform hand hygiene.
  - After exiting the patient’s room, turn off PAPR motor, undo belt, remove the PAPR hood, clean, and store appropriately (see below).
  - Perform hand hygiene.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear  

(Continued):

DISINFECTION & STORAGE OF PAPR COMPONENTS INCLUDING HOOD FOR REUSE

- Don gloves and a procedure mask
- Visually inspect the PAPR hood for contamination; discard and do not re-use if visibly contaminated.
  - If visible contamination is not observed, do not disconnect any of the PAPR components if it will be reused during the shift.
  - Do not remove the PAPR filters from the motor unless flow test fails due to clogged filters.
    - Disinfect the PAPR motor, belt, hose and hood using PDI Bleach Wipes, while observing the 1 minute contact time necessary to kill human coronavirus using the following order:
      - PAPR motor and filters (avoid introducing liquid into the filter holes).
      - Belt
      - Tubing
      - Hood (wipe the hood inside then the outside)
- Once completely dry, place the PAPR in a clean area close to where it will be reused.

DISINFECTION, DISPOSAL & STORAGE OF USED PAPR COMPONENTS

- Follow above procedure for cleaning and disinfecting PAPR with the following exceptions
  - Disconnect PAPR belt to disinfect separately and reattach to PAPR motor when dry.
  - Disconnect and dispose of PAPR hood.
  - Return PAPR motor with filters, belt and tubing attached to unit storage area.
- Plug in PAPR motor to recharge battery.
Extended Use & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear

(Continued):

BAG EXAMPLES:

References:


This document was adapted from Guidance for Extended Use and Reuse of Facemasks, Respirators, and Protective Eyewear, University of Maryland.
Change in MRSA and VRE Isolation Protocol

*Added 03/23/2020*

In further effort to conserve PPE for when it is most needed, approval has been granted to **DC Contact Precautions for all patients that are on Contact Precautions for MRSA or VRE colonization ONLY.** If the patient is on Contact Precautions because they had a positive MRSA or VRE nasal or rectal screen with no indication of active disease in the last 6 months, their Contact Precautions can be discontinued at this time.

Please assist in getting this message out to your frontline staff. They DO NOT need a physician order to DC precautions as long as they can verify the precautions are for colonization ONLY in the last 6 months. Please contact IP for further questions. We can assist with questions regarding who may/may not be removed from Contact Precautions if need be.
# Surgical Mask versus N95 Respirator

## Understanding the Difference

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<th>Surgical Mask</th>
<th>N95 Respirator</th>
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<tbody>
<tr>
<td><strong>Testing and Approval</strong></td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84</td>
</tr>
<tr>
<td><strong>Intended Use and Purpose</strong></td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.</td>
<td>Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).</td>
</tr>
<tr>
<td><strong>Face Seal Fit</strong></td>
<td>Loose-fitting</td>
<td>Tight-fitting</td>
</tr>
<tr>
<td><strong>Fit Testing Requirement</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>User Seal Check Requirement</strong></td>
<td>No</td>
<td>Yes, Required each time the respirator is donned (put on)</td>
</tr>
<tr>
<td><strong>Filtration</strong></td>
<td>Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection</td>
<td>Filters out at least 95% of airborne particles including large and small particles</td>
</tr>
<tr>
<td><strong>Leakage</strong></td>
<td>Leakage occurs around the edge of the mask when user inhales</td>
<td>When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales</td>
</tr>
<tr>
<td><strong>Use Limitations</strong></td>
<td>Disposable. Discard after each patient encounter.</td>
<td>Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.</td>
</tr>
</tbody>
</table>
Sequence for Putting On (Donning) PPE

**SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. **GOWN**
   - 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**
   - 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**
   - Place over face and eyes and adjust to fit

4. **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 when torn or heavily contaminated
- Perform hand hygiene
Sequence for Removing (Doffing) PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES
   • Gown front and sleeves and the outside of gloves are contaminated!
   • If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
   • While removing the gown, fold or roll the gown inside-out into a bundle
   • As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD
   • Outside of goggles or face shield are contaminated!
   • If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
   • If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR
   • Front of mask/respirator is contaminated — DO NOT TOUCH!
   • If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   • Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
Placement and Removal of N95 Respirator

How do I put on the respirator?
1. Open the respirator by pushing slightly on both sides
2. Shape the nose-bridge
   Place the respirator under the chin, fully open. Holding the respirator against
   the face, place the lower head-strap around the neck below the ears and the top head strap above the ears.
3. This is how the respirator should appear when correctly donned.
4. Mold the nose area to the shape of the face by pinching the nose-bridge from the top to the bottom. Make sure the chip-flap is open and secure around the chin.
5. Fit check the face-seal as follows:
   Place both hands over the respirator without disturbing its position, exhale sharply and if you detect air leaks, readjust the respirator.

How do I remove the respirator outside of the patient room?
1. Remove the lower head strap from around the neck, followed by the upper head strap from around the top of the head. Avoid touching the fabric portion of the respirator. Dispose of in normal trash.
2. Exclude all healthcare workers (HCW) not directly involved with patient care (e.g., dietary, students/trainees, etc.)
3. Reduce face-to-face healthcare provider (HCP) encounters with patient (bundle activities)
4. Exclude visitors to patients with known or suspected COVID-19.
   Assign designed teams of HCPs to provide care for all patients with suspected or confirmed COVID-19.
Laboratory

COVID-19 Testing Strategy

COVID-19: Testing Strategy
Version 2.0
March 16, 2020

Tests for COVID-19 are in short supply, and local testing capacity is finite. Thus, please follow this testing algorithm:

Is patient symptomatic (including fever, cough, and dyspnea)?
  Yes
  No

Does testing meet criteria (below) of OSDH Public Health Lab?
  Yes
  No

Consider the risks and benefits of testing asymptomatic patients. *
Still want to test?
  Yes
  No

*Unnecessary testing wastes scarce lab tests and supplies. In addition, infected but presymptomatic patients may test negative.

Order OSDH Public Health Lab test.
Test code: COVID19 OSDH

For admitted patients only: notify OU Medicine Infection Prevention.
Downtown: through page operator (271-5656)
Edmond: 405-312-8362; after hours, search Smart Web for "infection preventionists"

Order reference lab test through the OU Medicine Lab (instructions below).
Test code: COVID19 REF

OSDH Public Health Lab Criteria (verbatim from 3-15-2020 Health Advisory)
Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Only submit specimens for patients who present with fever (at least 100.4°F) and symptoms of acute respiratory illness (e.g., cough, difficulty breathing), and one of the following:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 and other respiratory illnesses have been ruled-out in order to inform decisions related to infection control.
- Other symptomatic individuals at higher risk for poor outcomes, including those who are ≥ 65 years, immunocompromised or have chronic medical conditions (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Suspected outbreak of COVID-19 among associated individuals with recent onset of similar fever and lower respiratory symptoms. Please, contact the OSDH Acute Disease Service at (405) 271-4060 to report suspected outbreaks.
- Suspect COVID-19 in a patient associated with a high-risk exposure setting such as a long-term care facility.
- Patients, including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html and https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html) within 14 days of their symptom onset.

(over)
COVID-19 Testing Strategy (Continued)

Specimen Collection
OSDH Public Health Lab (Test code: COVID19 OSDH) or Reference Lab (Test code: COVID19 REF)
1. Collect one nasopharyngeal swab in Universal or Viral Transport Media using a flocked swab (the collection device used for influenza/respiratory virus panel testing).
   - If ordering a respiratory panel (PCR20), too, DO NOT collect a second swab. The OU Lab will divide the specimen as needed.
   - DO NOT collect an oropharyngeal swab.
   - DO NOT use microbiology culture swabs; these will be rejected.

Additional Specimen Types for OSDH Public Health Lab Only
2. If applicable, collect lower respiratory tract specimens (sputum, bronchoalveolar lavage, or tracheal aspirate) in a sterile, leak-proof, screw-cap collection cup.
   - Induced sputum specimens are NOT recommended.
   - Additional instructions for OSDH/CDC can be found at https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Specimen Submission
3. Label ALL specimens with two patient identifiers and as “PUI/Confirmed COVID-19,” regardless of source.
4. Double bag specimens with a purple biohazard bag.
5. Ordering:
   a. For the OSDH test, order “COVID19 OSDH” and, if requested by OSDH, “PCR20” (OU Microbiology respiratory panel).
   b. For Reference Lab testing, order “COVID19 REF”
6. Send specimens through the tube system or hand deliver to OU Medicine Lab Central Receiving and Processing (Core Lab in the basement of Children’s Hospital).
   - DO NOT transport specimens on ice.
   - The OU Laboratory will complete the OSDH Public Health test requisition for you.
   - Leaking specimens will be rejected. Take care to make sure all containers are closed correctly.

Resulting
- Turnaround times: 1-4 days.
- The OU Lab will communicate all results to Infection Prevention and OSDH, as needed.
- All results will be available in the lab section of Meditech.
- Positive results will be called to ordering providers. As such, please avoid calling the OU Medicine Lab or the OSDH Lab for results, as unnecessary communication consumes staff effort.

Notes
- Testing for COVID-19 is not available in-house. Our respiratory virus panel (BioFire FilmArray Respiratory Panel) detects the common human coronaviruses, not SARS-CoV-2, the cause of COVID-19.
- STAT testing is not available for COVID-19.
- ALL specimens sent to the laboratory for ANY type of testing for patients with suspected or confirmed cases of COVID-19 must be clearly marked as “PUI/Confirmed COVID-19” and double-bagged in purple biohazard bags. Please contact the laboratory if you need additional specimen bags.
- Shortages of lab reagents and collection supplies could affect testing availability, so test judiciously.
- The Virology Lab is seeking to deploy in-house testing as soon as possible.

Questions? Please contact the OU Medicine Microbiology Lab at 271-4006 and ask for the COVID Coordinator.
Specimen Collection and Labeling

Updated 03/17/2020

A. Specimen collection for COVID-19 and non-COVID-19 pathogens should occur as soon as possible once a PUI is identified, regardless of the time of symptom onset.

B. Materials Needed
   1. Required collection containers (tubes, culture bottles, swabs, specimen containers, etc.)
   2. Two (2) PURPLE biohazard zip lock bags.
   3. Required collection devices (needles, syringes, skin cleanser, alcohol wipes, tourniquet (if needed), bandages, cotton balls, 4x4 gauze and/or tape).
   4. Bleach wipes.

C. Prior to applying appropriate PPE and entering the room, the nurse should date, time and place his/her electronic health record initials AND write “Possible COVID-19” on the specific number of patient labels needed to be applied after the specimen(s) have been collected.

D. Take all specimen collection supplies, one bleach wipe, one PURPLE biohazard bag, and patient labels into the patient’s room. Leave one PURPLE biohazard bag and one bleach wipe outside of the room.

E. Nursing staff will follow OU Medicine policies for patient identification and specimen collection.

F. Specimens obtained from patients weighing < 10 kg shall be obtained in accordance with departmental maximum blood draw protocols.

G. Label specimens.

H. Perform hand hygiene over gloves.

I. Place in a PURPLE biohazard zip lock bag.

J. Wipe the outside of the bag with a bleach wipe and place bag just outside of patient room.

K. Dispose of all trash.

L. Doff PPE and perform hand hygiene.

M. Don clean gloves.

N. Place specimen bag in a 2\textsuperscript{nd} PURPLE biohazard zip lock bag.

O. Wipe outside bag with a bleach wipe.

P. Doff gloves and perform hand hygiene.

Q. Call Micro Lab at x14006 BEFORE SENDING specimens to lab via pneumatic tube system.
Specimens for suspected/confirmed patients with COVID-19 **MUST** be DOUBLE-BAGGED with **PURPLE** Biohazard bags when sent in the tube system.

CONTACT LAB TO OBTAIN **PURPLE** BIOHAZARD SPECIMEN BAGS
Inpatient Care

Patient Admission to the Hospital

The admission of a suspected/confirmed patient with a COVID-19, and subsequent room assignment is guided by the hospital clinical coordinator under the direction of the Administrator on Call (AOC). Together, the coordinator and the AOC will determine the inpatient area where a patient will be assigned.

As a reminder, regardless of the physical location, once a patient has been determined to be suspected of having COVID-19, the STAFF LOG (Appendix C) MUST be initiated and kept up to date.

Patient Placement at OU Medical Center

Updated 03/20/2020

- Patients who have tested POSITIVE (+) for COVID-19, and requiring admission/transfer, will be placed in MICU, irrespective of level-of-care (ICU/Stepdown/Med-Surg)
- Patients under investigation (PUI) requiring ICU or Stepdown level-of-care will be admitted/transferred to ICU West for quarantine.
- Patients under investigation (PUI) requiring med-surg level-of-care will be admitted/transferred to 5E for quarantine.

Patient Supplies and Equipment

- Supplies in the patient’s room should be kept at a minimum. Only take in what is necessary.
- Equipment such as stethoscope, blood pressure cuff, and thermometer should be single use.
- Reusable patient care equipment must be disinfected with bleach wipes immediately after removal from the PCU or patient with COVID-19’s room before use for another patient.
- Disposable items (e.g., adhesive tape, gauze, etc.) must be discarded on discharge.
Adult General COVID Admission Orders

<table>
<thead>
<tr>
<th>Do Not Use Abbreviations: Stemmed Names &amp; Short Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>U IU Trailing zero (X,X mg) Lack of leading zero (.X mg) Q.D., QD, q.d., or qd Q.O.D., QOD, q.o.d., or qod Do not use drug names MS, MS04 or MgSO4</td>
</tr>
</tbody>
</table>

ORDERS: Another brand of generically equivalent product may be used according to the hospital’s formulary policy and procedures unless noted “medically necessary,” as per policy.

☐ Admit to inpatient status
☐ Place patient in outpatient status
☐ Place patient in outpatient status and begin observation services

Diagnosis: 

☐ ICU (MICU if possible) ☐ Intermediate Care (W/ step down if possible) 
☐ BMTU ☐ Med Surg (W/ step down if possible) 
☐ Stroke Unit ☐ Other

Fax admitting form to: 
CUMC & Women’s Logistics Center (405) 271-7069
TCH Access Center (405) 271-7047
Edmond Admitting (405) 844-5702

Adult Admission Order Set for Moderate to Severe COVID 19 Disease

1. Expected Length of Stay: ________________

2. Admission Service: _____________ Type: ☑ Urgent ☐ Elective

3. Attending Physician: ________________ Pager: __________________

4. Fellow/PA: ________________ Pager: __________________

5. Diagnosis/Procedure: ________________

6. Special Notes/Needs for Procedure: ________________

7. Disease Status: ________________

8. Allergies: ________________

9. ☐ Latex Precautions

10. Code Status:
    ☐ Full Code ☐ DNR ☐ DNI

11. Precautions
    ☐ Droplet isolation
    ☑ Contact isolation
    ☐ Airborne isolation

12. Respiratory Therapy
    ☑ Titrate O2 to keep SaO2 greater than or equal to 90% (92-95% in patient is pregnant).
    ☐ ABG for SpO2 < 95% unless contraindicated by severe hypoxemia. Use POC if available.

13. Radiology- any testing unable to be performed at bedside requires a physician to radiologist conversation. Please refer to the Imaging guidelines located in the COVID 19 tool kit or by clicking the following link: COVID-19 Resources Portal

    ☑ Portable Chest X-ray
    ☐ Bedside Ultra-Sound
14. ☑ EKG on admission
   ☐ EKG Daily if patient is on Hydroxychloroquine or if clinically indicated
   ☐ Nurse MISC: Monitor ECG observe for prolonged QT interval

15. Nursing Misc.
   ☑ Obtain and maintain IV access x 2 (One may be a central line).
   ☑ Vital Signs every ___ hour
   ☑ Strict I&Os every ___ hours
   ☑ Chlorhexidine single use or hospital supplied soap bath daily
   ☑ Oral Care-soft bristle toothbrushes or toothettes to clean teeth PRN.

16. Consults: Palliative and/or ethical consults should be requested by phone
    ☐ Vascular Access

17. Diet:
   ☑ Food trays to be delivered to nurses’ station. Please send in disposable containers with plastic utensils.
     ☐ Regular
     ☐ Diabetic Diet
     ☐ House Shakes / Nutritional supplements (or dietary equivalent)

18. IV fluids
    ☐ Plasmalyte 500 ml IV at TKO
    ☐ Plasmalyte @ _____ cc per hour
    ☐ Other ________________________________

19. Labs on admission
    ☑ CBC with differential
    ☑ CMP
    ☑ Lactic acid
    ☑ DIF Panel
    ☐ CRP
    ☑ CK
    ☑ Upper Respiratory Tract COVID-19 viral swab x 1- one nasopharyngeal (If not previously collected)
    ☐ Blood Cultures x 2
    Routine labs, drawn at 4 am
    ☑ CBC with differential
    ☑ CMP
    ☑ CK every Monday, Wednesday, Friday
    ☑ LDH every Monday, Wednesday, Friday
    ☑ DIF every Monday, Wednesday, Friday
    Optional labs
    ☐ HIV viral load only
    ☐ HBV viral load only
    ☐ HCV viral load only
    ☐ Streptococcus pneumoniae
    ☐ Legionella urine antigen
    ☐ Procalcitonin
    ☐ Troponin
    ☑ MISC COVID-19: Lower Respiratory Tract COVID-19 (if endotracheal sample is readily available-do not induce sputum production)
    ☐ Fungal /AFB sputum cultures
    ☐ Pneumocystis DFA from sputum (no induced sputum given risk of aerosolization) (IMMUNE COMPROMISED)
20. □ Modified COVID Sepsis Orders
   ✗ Blood Cultures x 2 (if not ordered in the last 24 hours)
   ✗ Lactate  Repeat in 3 hours x 2
   ✗ 250 ml Plasmalyte @999 ml/hour. May repeat one time if needed. Watch for signs of fluid overload.
   Discontinue if patient is non-responsive and move to vasopressors for hypotension.
   □ Piperacillin/Tazobactam 3.375 gm IVPB in 100 mL NS over 30 minutes x 1 dose STAT. Six hours later, schedule Piperacillin/Tazobactam 3.375 gm IVPB in 100 mL NS over 4 hours every 8 hours.
   OR
   □ Vancomycin pharmacy to dose. First dose STAT.
   □ Norepinephrine 4mg/250ml NS IV at 2 mcg/min. Titrate to keep SBP greater than or equal to 90mmHg or MAP between 60-65mmHg (Use Vasopressin for 2nd line-avoid dopamine)
   □ Vasopressin 100 units in 250ml NS IV at 2.4 units/hour (0.04units/min). (May be used if Norepinephrine is unavailable or added to Norepinephrine to achieve goal MAP)

21. □ Initial Orders for Mechanical Ventilation- follow ARDS guidelines utilizing lower tidal volumes. Targeted plateau pressures of > 30 cm H2O. Avoid routine neuromuscular blockade by continuous infusion and consider utilizing higher PEEP. Target SPO2 is no higher than 96%.

22. Cytokine Release Syndrome in COVID 19- request recommendations from ID

23. Medications- please review all home medications for potential interactions and discontinue any medication not clinically indicated.
   □ Acetaminophen 325 mg - 2 tabs enterally every 4 hours for fever and/or mild pain (1-4).
   □ Acetaminophen 325 mg - 2 tabs enterally every 8 hours for fever and/or mild pain (1-4).
   □ Hydroxychloroquine dosing: 400 mg enterally twice daily X 1 day, followed by 200 mg enterally twice daily for 4 days
   □ Azithromycin 500mg enterally one time followed by 250mg enterally daily for 4 days
   □ Chloroquine 500mg enterally twice daily for 5 days

WHO Population specific treatment recommendations to include pregnant or breastfeeding women can be found at: 
Clinical Management of SARI when COVID 19 is suspected

Physician’s Signature__________________ Date and Time __________________

Telephone or verbal order:

□ YES   □ NO

BMT Physician Signature: __________________ Date ___________ Time ___________

Read Back and Clarified

______________________________

(nurse’s name, date, & time)

BMT Physician Printed Name: ________________________________
Intubation Protocol

Added 03/25/2020

- OUMC: Anesthesia will perform all intubations, except the ER.
- TCH: Anesthesia will perform all intubation for COVID-19 patients or Patients Under Investigation (PUI).

The Anesthesia Task Force has been established to help coordinate intubation protocols for suspected/confirmed COVID-19 patients. Intubation protocols at OUMC Edmond are under review and will be communicated as soon as possible. The established guidelines are as follows:

- ALL intubations are to be performed with N95 masks, gloves, and eyewear at a minimum
- Staff will be provided with a personal N95. The N95 should be covered with a surgical mask during intubation of non-COVID-19 patients and returned to your personal paper bag to be reused on other asymptomatic or non-suspicious patients using the same protocol
- After intubating a COVID-19 positive patient or PUI, N95 masks should be discarded
- For TCH, contact will be established via the difficult airway phone (405-209-2333) or directly to the board runner/attending on call
- For TCH, this information also can be found on SmartWeb. Global Search TCH Emergency Airway
- For OUMC the difficult airway phone is (405-417-0094) and the attending can be reached at (405-271-0721)
- The back-up call person may need to be mobilized more frequently during this time period to adequately take care of operative patients
- Coordination with the Department of Medicine is ongoing and a detailed report of patient condition is expected when requesting intubation
- Nursing will be providing updates to the Department of Anesthesiology regarding COVID-19 admissions as well as facilitating PPE requirements and intubation supplies/equipment
- COVID-19 patients are being isolated in the MICU; PUI's in ICU West and on 5 East
- ICUs will have readily available PAPRs and nurses with expertise in donning/doffing
- Video Guidance for DONNING PAPRs
- Video Guidance for DOFFING PAPRs
IV Pumps – Placing Outside of Rooms for all Isolation Patients

Added 03/25/2020

- All isolation patients should have extension tubing added to their IV’s to allow the pump to rest safely outside the patient’s room for ease of access.
- Placing pumps outside the isolation rooms will reduce the use of full PPE.
- Please make sure you are assessing the patients' IV sites per policy during your shift.
- The practice of placing the IV pumps outside rooms has been implemented to reduce PPE usage when addressing pumps but patient care still remains a priority so please follow hospital policy regarding IV assessment.
Inpatient Transport

- Limit the movement and transport of the suspected/confirmed patient with COVID-19s outside of the room to only when medically necessary.
- Prior to transport, staff must notify the receiving department that the patient is suspected/confirmed with COVID-19.
- Place a regular surgical mask on the patient for transport.
- If the patient is intubated, place a bacterial filter on the endotracheal tube or on the expiratory side of the breathing circuit of a ventilator.
- **All staff involved should wear appropriate PPE in the patient’s room while preparing the patient for transport.** PPE should be removed when leaving the room.
- Wounds must be covered, and body fluids contained. The patient should wash or disinfect his or her hands before leaving the room if possible.
- The patient should wear a clean gown or robe or be covered by a clean sheet or drape for transport to another department or area.
- If patient bed is used for transport, wipe bedrails, head and foot of bed with hospital-approved disinfectant wipes.
- The patient chart should be placed in a plastic bag and be transported in a manner that prevents contact with the patient and/or contaminated linen. Do not place chart on the patient’s bed.
- PPE should not routinely be worn when transporting the patient. Exception – If patient contact and/or contact with contaminated equipment will occur during transport (e.g., for ICU patients or patient transported in their bed) full PPE must be worn by those having direct contact with the patient and/or the bed or equipment during transport.
- PPE is removed when contact with patient and/or contaminated equipment is completed.
- Every effort will be made not to touch clean surfaces (e.g., elevator buttons) with gloved or contaminated hands by team members in PPE.
- There must be a member of the transport team, not wearing PPE, who has clean hands to interact with the environment.
- See OU Medicine [Policy IPIC.023 Isolation Precautions](#) for further questions or contact department leadership.
Interim Guidance for Management for SARS-CoV2 Infection (COVID-19) in Adults

*Added 03/23/2020*

Adapted from the University of Washington Treatment Guidelines

There are no FDA-approved or clinically proven therapies for treatment of SARS-CoV-2. Clinical trial data is rapidly emerging and these guidelines will be updated as data becomes available. These guidelines reflect what is known about therapies that have *in vitro* activity against coronaviruses, have been used to treat other coronaviruses, such as SARS or MERS, or may theoretically target of the underlying pathophysiology of severe acute respiratory syndrome and or cytokine release syndrome (CRS) due to SARS-CoV-2.

Our best opportunity to understand how to treat COVID-19 is to study stepwise interventions and compare findings to the current best available standard. **Although there are interventions available, these are not evidence based and should not be considered effective.** The interventions are FDA-approved for other indications and have known toxicity profiles; dosing is based on FDA-approved dosing schedules. When available, clinical trials are preferred.

SARS-CoV2/COVID-19 Therapeutics Task Force contact information:

Dr. Nelson Agudelo
Monday through Friday 8AM – 6PM (pager 405-559-1973)
ID Consult Service: Monday through Friday 6PM – 8AM
ID Consult Service: Saturday 8AM – Monday 8AM
OUMC Adult Airway Management Protocol

Added 03/24/2020

OUMC Adult Airway Management Protocol

I. The recent global pandemic of novel coronavirus disease (i.e., COVID-19, SARS-CoV-2) is associated with bilateral interstitial pneumonia, acute respiratory distress syndrome, and fulminant respiratory failure.
   a. While we are still learning about the exact mechanism of transmission, the rapid intercontinental spread of COVID-19 has been attributed to a combination of droplet and airborne particles, making it highly contagious from person-to-person and environment-to-person.
   b. Based on observational and retrospective data from high-volume centers around the globe, the viral load remains significantly elevated in the airway of infected patients. Thus, it is critical to secure the airway as quickly and uneventfully as possible to minimize aerosolization of viral particles.
   c. Based on what we currently know about the nature of this virus and its spread, the following recommendations are adapted from international guidelines for any patient within OU Medical Center who requires invasive airway management.

II. Personnel: Airway management should be performed primarily by the most experienced provider available, preferably with an experienced assistant.
   a. The OUMC Department of Anesthesiology is working to staff the Airway Phone 24/7 in order to facilitate availability of an Attending Anesthesiologist to perform all intubations within OUMC. This direct number is 405-271-0094.
   b. Providers will be instructed to call the Airway Phone primarily, followed by the Board Runner phone (405-271-0721) if no answer.

III. Rapid sequence induction: All patients should undergo rapid sequence induction to minimize bag mask ventilation and time to airway securement.

IV. Video laryngoscopy: Similarly, video laryngoscopy should be utilized on the first attempt for all intubations to minimize time to airway securement and contact with oropharyngeal contents.
   a. Preoxygenate with FIO2 1.00 on non-rebreather facemask for 3-5min if feasible.
   b. Administer rapid sequence induction and proceed with video laryngoscopy upon cessation of spontaneous ventilation.
   c. Immediately following ETT placement and confirmation of color change with qualitative capnography, initiate mechanical ventilation with closed circuit as soon as possible.
      i. Utilize HEPA filter on BVM apparatus to minimize aerosolized particle release into the environment.
      ii. If unable to intubate on first attempt, place supraglottic airway (e.g., LMA) immediately and close the circuit (BVM with HEPA filter) while considering next attempt (e.g., change equipment, patient position, adjuncts, etc. as indicated). Do not leave the airway exposed to the environment any longer than is absolutely necessary!
   d. Situations involving known difficult airways, need for fiberoptic intubation, etc. should be considered on a case-by-case basis. Please feel free to reach out to members of the Anesthesia Task Force for assistance (405-271-0721).

V. Supplies/Equipment: In order to minimize unnecessary waste in the face of multiple national shortages, the provider charged with managing the airway shall determine which supplies/equipment are needed from the airway bag and remove those prior to entering the room.
   a. The airway bag itself – with the remaining supplies – must be kept in a clean area outside the patient’s room and disinfected prior to return to the anesthesia supply room.
   b. Please include a patient sticker with the bag in order to facilitate charges for supplies/equipment.
OUMC Adult Airway Management Protocol (Continued)

Checklist for Adult Airway Management

Providers
- Most experienced provider available in charge of securing airway (preferably Anesthesia Attending or Emergency Medicine Attending for patients in ED)
- At least one experienced assistant at the bedside (second attending, CRNA, or resident)
- Respiratory therapist and/or Bedside RN
- Any additional team members must be discussed with an attending

Medications
- Rapid sequence induction agents (determined by Anesthesia Attending, please have all available to minimize preparation time):
  - Propofol, etomidate, ketamine
  - Rocuronium, succinylcholine
  - Phenylephrine, epinephrine
- Multiple saline flushes at the bedside

Equipment
- Nonrebreather facemask for preoxygenation
- Suction with Yankauer
- Video laryngoscope (McGrath or Glidescope) and appropriately-sized blade
- Bag-Valve-Mask apparatus + HEPA filter
- Qualitative capnography indicator (i.e., “color change” indicator)
- Appropriately-sized endotracheal tubes
- Oropharyngeal airway (90mm, yellow)
- Bougie airway catheter
- Supraglottic airway (size 3, 4, or 5)

Order of Donning for Appropriate PPE
- Remove jewelry and secure freely hanging items (badge lanyards, long hair, etc.)
- Sanitize/wash hands
- Shoe covers, PAPR belt (motor/battery)
- N95 mask +/- surgical mask
- Cap, isolation gown
- Gloves (first pair)
- PAPR hood (alternatively, full-face visor or protective goggles if PAPR is unavailable)
- Protective gown (second isolation gown if unavailable)
- Gloves (second pair, consider adding third pair to be discarded immediately following airway instrumentation)

Order of Doffing for PPE (please refer to video references for demonstration)
- Gloves (remove from inside out, avoid snapping gloves to prevent aerosolization)
- Gown (avoid touching the front/exposed portions, pull down and roll inside-out)
OUMC Adult Airway Management Protocol (Continued)

- PAPR hood or eye protection (hand these to a gloved/masked assistant for disinfection)
- Cap, shoe covers
- Leave room with N95 mask ON (grasp back elastic ties and pull forward, being careful to avoid touching the front portion of the mask)
- Sanitize/wash hands

This protocol developed by the Anesthesia Task Force from the OU Department of Anesthesiology. If there are any questions/concerns, please do not hesitate to reach out to Dr. Schoaps directly: Robert-Schoaps@ouhsc.edu, 405-606-1202.
COVID-19 Patient Discharge Instructions

Added March 25, 2020 (Available on COVID-19 Portal)

Patients sent home to self-isolate either from the Emergency Department or the Respiratory Clinics are receiving a comprehensive set of instructions. The primary points of these instructions are as follows: stay home, keep everything clean, protect others through isolation/distancing and monitor your symptoms.

**STAY HOME**
- Stay home except to get medical care.
- Use delivery services. Have friends/family drop off needed items.
- If you leave the house, wear a mask. Use drive through or curb-side services if possible.
- Separate yourself from other people and animals in your home.
- Remain in isolation until you do not have a fever for 72 hours without medication, your respiratory symptoms have improved and it has been at least 7 days since you first had symptoms.

**KEEP EVERYTHING CLEAN**
- Clean the surfaces you touch with household cleaner every day.
- Wash hands with soap and water for at least 20 seconds.
- Avoid touching your face, eyes, nose and mouth.
- Cover your sneezes and coughs.
- Avoid contact with body fluids and clean any dirty items.
- Do laundry daily if able.

**PROTECT OTHERS**
- Stay in a separate, well ventilated room.
- Use a separate bathroom if possible.
- Eat your meals by yourself.
- Do not share personal items like dishes, cups, towels, bedding, etc.
- Wear a mask when anyone is in the room with you.
- Do not handle pets or other animals.

**MONITOR SYMPTOMS**
- Go to your follow-up appointments.
- Tell all medical staff that you have COVID 19.
- Seek prompt medical care if you feel worse.
- (Difficulty breathing).
- Call office for instructions on what to do when you arrive.
- Put on a mask before you enter the facility.
- If you have to call 911, tell them you have COVID 19 and put on a mask before help arrives.
- Please call Oklahoma State Health Department (405)271-5600 with any questions.
Transport of COVID-19 Patients at Discharge

*Added 03/25/2020*

Transport vendors (air and ground) have developed protocols specific to COVID-19 patients. Emergency transport availability is contingent upon availability of proper PPE. Following CDC guidelines and rigorous safety precautions, these transport options will help us manage surge capacity. Valir Health has made two vans and two drivers available to transport discharged COVID-19 patients to their destinations for self-isolation.

**Environmental Services**
- Environmental service personnel will be required to wear Airborne Isolation + Contact Isolation + Eye Protection when cleaning.
- Patient rooms should be cleaned twice a day.
- All room cleaning for suspected/confirmed patient with COVID-19 should be done with BLEACH WIPES.
- Policies for cleaning isolation rooms and discharge/terminal cleaning of isolation rooms is available on computers located in the department.
- Contact department leadership if you have any questions.

**Discharge Cleaning**
- After a suspected/confirmed patient with COVID-19 vacates the room or is discharged, EVS staff must wear Airborne Isolation + Contact Isolation + Eye Protection when cleaning the room.
- Door to the room must be closed while cleaning is occurring.
- All room cleaning should be done with BLEACH WIPES.
- EVS staff must follow correct doffing sequence when removing PPE.
- See EVS departmental policy for cleaning an isolation room.
COVID-19 is reshaping the way we work throughout the enterprise. However, HIPAA compliance is unchanged even in these extraordinary circumstances. Access to patient records is on a need-to-know basis, and only as it relates to our ability to deliver appropriate patient care.

Staff members have an ethical and legal responsibility to limit access, use and disclosure of restricted and sensitive data including protected health information to the minimum necessary to achieve the intended use or purpose for disclosure.

Even where access may be greater, limit your use to what you must have in order to do your job. To do otherwise is a reportable violation of federal law under HIPAA and may also be reported the Office of Civil Rights.

Review OUM policy PHI.009 “Minimum Necessary” for more information. You may also contact Amber Simpson, FPO, at 271-5920.

February 2020 - Office for Civil Rights, US Department of Health and Bulletin: HIPAA Privacy and Novel Coronavirus
Inpatient Imaging Guidance for Suspected & Confirmed COVID-19

Effective 03/20/20

- Inpatients who have been admitted and are suspected of COVID-19 routine advanced imaging (CT, MRI, NM, US, etc.) may be delayed pending the results of COVID-19 testing.

- Urgent/emergent testing for underlying conditions, such as trauma and stroke, may be performed. Each facility will designate a room/system for performing advanced imaging on suspected or confirmed patients.

- If a patient is confirmed to have COVID-19, the referring physician must speak to the radiologist to discuss imaging options, risk/benefit, etc.

- The room for a confirmed COVID-19 case may be down up to 3 hours after procedure to allow for appropriate cleaning and access without PPE.
  - **Diagnostic X-Ray** – Diagnostic X-ray will be performed portable when possible to avoid patient transport.
  - **CT** – A designated scanner will be used when possible to minimize contamination and impacts on operations. OUMC will utilize the 2nd floor, north CT room for suspected and confirmed COVID-19 patients. This will minimize the impact on ED, Trauma, Stroke, and Interventional cases. Edmond will utilize the VCT. As part of the physician to physician call, Children’s will determine the impact of the only CT at TCH and options.
  - **Ultrasound** – Ultrasound will be performed portable when possible to avoid patient transport.
  - **MRI** – A designated magnet will be used when possible to minimize contamination and impacts on operations.
    - **OUMC**: will utilize the lower level north MRI (non-GEMS) for suspected and confirmed COVID-19 patients.
    - **Children’s**: will designate a magnet when a patient presents taking into account the types of patients on the schedule to best minimize impacts.
    - **Edmond**: As part of the physician to physician call, Edmond will determine the impact of the only MRI located in the facility.
Inpatient Imaging Guidance (Continued)

- **Nuclear Medicine** – A designated camera will be used when possible to minimize contamination and impacts on operations.
  - **OUMC**: will utilize the MG camera for suspected and confirmed COVID-19 patients when possible.
  - **Children’s**: will determine the camera as a patient presents depending upon the exam mix at the time and requirements of cameras.
  - **Edmond**: will use the MG camera when possible.
  - Additionally, no ventilation scans will be performed.

- **PET/CT** – PET/CT will require a physician to physician call for suspected and confirmed COVID-19 due to potential for poor uptake of radioisotope and uptake of infection potentially impacting exam quality.
Inpatient Surgery & Procedures

Inpatient Adult Cardiovascular Testing & Other Procedures for Suspected/Confirmed COVID-19 Patients

*Added 03/25/2020*

All cardiovascular testing and interventional procedures scheduled for inpatients suspected of COVID-19 may be delayed pending the results of COVID-19 testing when deemed safe. All orders/requests will be reviewed by CV specialists (cardiologists and vascular medicine) assigned for screening in collaboration with the ordering physicians for optimal use of resources and mitigation of risk to the staff.

- All inpatients should be screened for severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, such as new onset of cough, shortness of breath) prior to any testing performed.
- If COVID-19 is suspected, the appropriateness and urgency of performing any exam, i.e.: TTE, TEE, vascular ultrasound, cardiac catheterization, etc. will be discussed between requesting attending physician and CV attending physician assigned for screening.
- Designated personnel and equipment will be utilized to limit the time of exposure and number of personnel in contact with suspect or confirmed COVID-19 inpatients.
  - Ultrasound students may not be involved in the care of these patients at any time to preserve PPE, nor will they be allowed to enter the ED.
  - Other learner participation will be reduced to a minimum.
  - Since TEE is an aerosolizing procedure, its use in unintubated and/or un-paralyzed patients that are PUI (persons under investigation) for COVID-19 may not be the best option or interest for all parties involved. Alternative imaging modalities should be discussed between requesting and CV service physicians.
Inpatient Adult Cardiovascular Testing and Other Procedures for Suspected/Confirmed COVID-19 Patients (Continued)

- Inpatient COVID-19 PUI or positive patient exams will be performed at bedside where possible to avoid movement of patients throughout the hospital. For patients with confirmed COVID-19 diagnosis, referring physicians must confer with CV specialists to discuss options to weigh risk/benefit, among other factors to the patient and the personnel.

After hours testing will be provided for the COVID-19 population upon approval of the performing/interpreting attending physician on call, staff will be notified by their respective CV specialists of the approval to perform testing. Procedures and testing include, but are not limited to Cardiac Cath, EP, Echo and Vascular exams.

Note: Cath Lab and EP Rooms used for treatment of COVID-19 cases may be out of service for as long as three hours after procedure for appropriate cleaning and access.

For portable equipment, equipment and staff will be designated to perform testing on COVID-19 suspected and positive patients to reduce exposure to other patients.

References:
ACC Guidelines

ASE Guidelines

ASNC Guidelines
https://www.asnc.org/news

SVU Guidelines
Operating Room Governance

Added 03/25/2020

OR Governance has made clarifications and updates available as well as plans going forward. Our work together ensures our ability to continue providing the safest environment for our healthcare workforce and our patients.

OU Medical Center

- Early today, the installation of containment and HEPA filter devices began in order to create a negative pressure environment for ORs 15 and 16.
- Until further notice these areas will be dedicated to PUI/COVID-19+ patients requiring urgent/emergent surgery.
- If more of these ORs are required, a surge plan has been developed where ORs 14, 15 and 16 will become dedicated ORs for this purpose under negative pressure. This can be accomplished in approximately 24 hours.

The Children's Hospital

- Intubation and extubation will occur in GI Room 1 (negative pressure).
- All suspected COVID/positive COVID patients with urgent/emergent surgeries will be done in OR 1.

OU Medical Center Edmond

- OR 3 will be used for donning and doffing of PPE.
- All urgent/emergent procedures performed for suspected COVID/positive COVID patients will be done in OR 4.
Guidelines for Suspected/Confirmed COVID-19 Patient Needing Urgent Surgery

Updated 03/23/2020

General Considerations
When considering a procedure for a patient with known or suspected COVID-19 infection:

- Postpone non-urgent surgical procedures until the patient is determined to be non-infectious or not infected.
- If respiratory support is indicated, planning ahead may avoid the need for rescue interventions (e.g., crash intubations), which have greater potential for infectious transmission due to mishaps during the use of barrier protections.
- In patient with acute respiratory failure, it may be prudent to proceed directly to endotracheal intubation, because non-invasive ventilation (e.g. CPAP or biPAP) may increase the risk of infectious transmission.
- When possible, perform procedures in an airborne infection isolation room rather than in an operating room. An airborne isolation room has a negative-pressure relative to the surrounding area. In contrast, a typical operating room is designed to provide positive-pressure relative to the surrounding area and incoming air is often flow-directed, filtered, and temperature and humidity controlled.
- If a procedure cannot be postponed or done at the bedside, then schedule the patient when a minimum number of healthcare workers and other patients are present in the surgical suite. It is also best to choose an operating room furthest away from other operating rooms and dedicate that room for cases involving PUIs.
- If possible, designate an OR room for COVID PUI procedures. Empty OR of all non-essential materials. Designate a separate OR equipment, medication, and airway cart.
- OR runner outside of the room (communicate by phone) for equipment, medication, and supply needs.

When patients with known or suspected COVID-19 infection need to be transported:

- Transport patients only for procedures and studies deemed essential for patient care.
- Intubated patients should have a HEPA filter inserted between the bag-valve-mask breathing device and the patient.
- Patients who are not ventilated should wear a surgical mask.
- Health care professionals transporting the patient should not routinely wear gowns and gloves, unless direct contact with the patient or contaminated equipment is anticipated during transport.
- In this case, one person should wear the appropriate PPE per CDC COVID-19 guidance, and, ideally, be accompanied by an additional member of the transport team who is not wearing a gown and gloves. The person without gloves and gown can interact with the environment.

Guidelines for Suspected/Confirmed COVID-19 Patient Needing Urgent Surgery (continued)
• Prior to transport, the PPE clad person should perform hand hygiene and don a fresh gown and gloves to reduce potential contamination of environmental surfaces.

When performing procedures on patients with known or suspected COVID-19 infection:

**PREOP**

• Do not bring the patient to the holding or PACU areas. A designated OR should be allocated and signs posted on the doors to minimize staff exposure.

• Intubation should take place in an AII Room prior to transporting the patient to the OR

• If general anesthesia is not required, the patient should continue to wear the surgical mask.

• If general anesthesia is used:
  
  o Place a HEPA filter between the Y-piece of the breathing circuit and the patient's mask, endotracheal tube or laryngeal mask airway.

  o Alternatively, for pediatric patients or other patients in whom the additional dead space or weight of the filter may be problematic, the HEPA filter should be placed on the expiratory end of the corrugated breathing circuit before expired gas enters the anesthesia machine.

  o The gas sampling tubing should also be protected by a HEPA filter, and gases exiting the gas analyzer should be scavenged and not allowed to return to the room air.

• During laryngoscopy and intubation:
  
  o Double gloves will enable one to shed the outer gloves after intubation and minimize subsequent environmental contamination.

  o Designate the most experienced anesthesia professional available to perform intubation, if possible.

  o Avoid awake fiber-optic intubation unless specifically indicated. Droplets containing viral pathogens may become aerosolized during this procedure. Aerosolization generates smaller liquid particles that may become suspended in air currents, traverse filtration barriers, and inspired.

• If available, use a closed suction system during airway suctioning. Closed suctioning systems may only be available in the critical care setting.

• Consider disposable covers (e.g., plastic sheets for surfaces, long ultrasound probe sheath covers) to reduce droplet and contact contamination of equipment and other environmental surfaces.

**DONNING PAPR AND SURGICAL ATTIRE**

• Perform hand hygiene

• Turn on blower

• Connect hose from belt to PAPR hood

• Don PAPR belt

• Place hood on head

• Scrub in as normal

• Enter OR and proceed normally with donning surgical attire.

**Guidelines for Suspected/Confirmed COVID-19 Patient Needing Urgent Surgery** (continued)
DOFFING SURGICAL ATTIRE AND PAPR

- Doff surgical gown and gloves in the room at the same time using the hands crossed technique, ensuring you are reaching under the outer hood bib
- Perform hand hygiene with alcohol based hand rub
- Exit room
- Doff belt and hose with assistance of doffing partner who should be wearing gloves. Place in red biohazard bag for disinfecting.
- Hand hygiene with alcohol based hand rub
- Doffing partner to assist with doffing hood into a biohazard bag for disinfecting
- Perform hand hygiene

IMMEDIATELY wipe down belt, hose, and hood with PDI bleach wipes. Set to dry for 5 minutes.

DONNING N95 AND DOFFING N95, YELLOW GOWN, AND EYE PROTECTION WILL FOLLOW SAME STEPS AS OUTLINED FOR ALL STAFF IN TOOLKIT. MAY USE SURGICAL DRAPE IN PLACE OF YELLOW GOWN IF NECESSARY, FOLLOWING NORMAL STERILE PRECAUTIONS.

POSTOP

- The patient should be recovered in the operating room or transferred to an airborne infection isolation room.
- After the patient has left the operating room, the room must be left with the door closed for at least 1 hour to allow the proper number of air exchanges before the room is safe to enter without a mask
- After the case, complete a terminal clean of the room, including all anesthesia equipment.

STERILE PROCESSING OF INSTRUMENTS FOR COVID-19 PUI

- OR staff will handoff contained/closed case cart with an ORANGE label that states “COVID-19 PUI” to SPD leader who is dressed in full PPE (regular decontamination PPE)
- SPD leader receives cart with COVID-19 PUI cart and isolates cart from all other case carts in decon.
- Instruments must be processed in a dedicated sink for those specific sets. The sink must be drained and cleaned before using again. Apply SaniWipe (grey top) disinfectant over all surfaces, including faucets and spray arm when done, utilizing the 3 minute contact time.
- Once sets are cleaned, select a dedicated washer. Immediately after the cycle is complete, run a decontamination cycle on the washer.
- After sets have been through the washer, inspect sets for bioburden wearing gown, gloves, surgical mask and faceshield.
Guidelines for Suspected/Confirmed COVID-19 Patient Needing Urgent Surgery (continued)

STERILE PROCESSING OF INSTRUMENTS FOR COVID-19 PUI (Continued)

- If items are hand wash only, Do not place other items in window until item has been disinfected twice with PDI SaniWipe (grey top) utilizing 3 minute contact time each time. Fully inspect item to ensure it is clean prior to removing PPE. Do not place other items in window until PUI item has been fully disinfected.
- Once sets have been inspected and determined no bioburden exists, proceed with the rest of the process normally.

IF DEVICES SUCH AS POINT-OF-CARE ULTRASOUND ARE USED:
- A long sheath cover of the ultrasound unit and cable should be used to minimize contamination of the equipment.
- Non-essential parts of the ultrasound cart may best be covered with drapes to minimize droplet exposure.

References

1. On February 11, 2020 the World Health Organization announced that “COVID-19” is the official name for the disease associated with the current novel coronavirus outbreak. Co and Vi are derived from “coronavirus,” D stands for disease, and 19 is for 2019, the year the first cases were seen. The pathogen causing the disease is termed “Severe Acute Respiratory Syndrome Coronavirus 2,” abbreviated as SARS-CoV-2.

2. An Airborne Infection Isolation Room (AIIR) has a negative-pressure relative to the surrounding area. A minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms. If an AIIR is not available, patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available.

3. Personal protective equipment (PPE) is specialized clothing (e.g., gowns, gloves) or equipment (e.g., face shields, masks) worn by a health care worker for protection against a hazard. Hazards may include physical, chemical, and biologic hazards; however, the PPE’s specified in these recommendations are designed to protect the wearer from infectious hazards transmitted by direct or indirect contact, droplets, and airborne particles.

4. The Anesthesia Patient Safety Foundation (see link below) states that a PAPR may be warranted for airway procedures on these patients given prior cases of infection transmission of SARS-CoV when N95 masks were used.

NOTE: The ASA Committee on Occupational Health gratefully acknowledges the Society for Healthcare Epidemiology of America (SHEA) for their expert review of these recommendations and the Anesthesia Patient Safety Society (APSF), whose excellent perioperative recommendations for patients known or suspected of COVID-19 infection were a valuable resource for revising these recommendations.

Disclaimer: These recommendations are based upon information available as of 2/23/2020. COVID-19 is an emerging disease. New knowledge is added daily and guidance may change as the situation evolves. Please consult the CDC website regularly for the most up-to-date information.
OUMC Adult Airway Management Protocol

Added 03/24/2020

OUMC Adult Airway Management Protocol

I. The recent global pandemic of novel coronavirus disease (i.e., COVID-19, SARS-CoV-2) is associated with bilateral interstitial pneumonia, acute respiratory distress syndrome, and fulminant respiratory failure.
   a. While we are still learning about the exact mechanism of transmission, the rapid intercontinental spread of COVID-19 has been attributed to a combination of droplet and airborne particles, making it highly contagious from person-to-person and environment-to-person.
   b. Based on observational and retrospective data from high-volume centers around the globe, the viral load remains significantly elevated in the airway of infected patients. Thus, it is critical to secure the airway as quickly and uneventfully as possible to minimize aerosolization of viral particles.
   c. Based on what we currently know about the nature of this virus and its spread, the following recommendations are adapted from international guidelines for any patient within OU Medical Center who requires invasive airway management.

II. Personnel: Airway management should be performed primarily by the most experienced provider available, preferably with an experienced assistant.
   a. The OUMC Department of Anesthesiology is working to staff the Airway Phone 24/7 in order to facilitate availability of an Attending Anesthesiologist to perform all intubations within OUMC. This direct number is 405-271-0094.
   b. Providers will be instructed to call the Airway Phone primarily, followed by the Board Runner phone (405-271-0721) if no answer.

III. Rapid sequence induction: All patients should undergo rapid sequence induction to minimize bag mask ventilation and time to airway securement.

IV. Video laryngoscopy: Similarly, video laryngoscopy should be utilized on the first attempt for all intubations to minimize time to airway securement and contact with oropharyngeal contents.
   a. Preoxygenate with FiO2 1.00 on non-rebreather facemask for 3-5min if feasible.
   b. Administer rapid sequence induction and proceed with video laryngoscopy upon cessation of spontaneous ventilation.
   c. Immediately following ETT placement and confirmation of color change with qualitative capnography, initiate mechanical ventilation with closed circuit as soon as possible.
      i. Utilize HEPA filter on BVM apparatus to minimize aerosolized particle release into the environment.
      ii. If unable to intubate on first attempt, place supraglottic airway (e.g., LMA) immediately and close the circuit (BVM with HEPA filter) while considering next attempt (e.g., change equipment, patient position, adjuncts, etc. as indicated). Do not leave the airway exposed to the environment any longer than is absolutely necessary!
   d. Situations involving known difficult airways, need for fiberoptic intubation, etc. should be considered on a case-by-case basis. Please feel free to reach out to members of the Anesthesia Task Force for assistance (405-271-0721).

V. Supplies/Equipment: In order to minimize unnecessary waste in the face of multiple national shortages, the provider charged with managing the airway shall determine which supplies/equipment are needed from the airway bag and remove those prior to entering the room.
   a. The airway bag itself – with the remaining supplies – must be kept in a clean area outside the patient’s room and disinfected prior to return to the anesthesia supply room.
   b. Please include a patient sticker with the bag in order to facilitate charges for supplies/equipment.
OUMC Adult Airway Management Protocol (Continued)

Checklist for Adult Airway Management

Providers

☐ Most experienced provider available in charge of securing airway (preferably Anesthesia Attending or Emergency Medicine Attending for patients in ED)
☐ At least one experienced assistant at the bedside (second attending, CRNA, or resident)
☐ Respiratory therapist and/or Bedside RN
☐ Any additional team members must be discussed with an attending

Medications

☐ Rapid sequence induction agents (determined by Anesthesia Attending, please have all available to minimize preparation time):
  ☐ Propofol, etomidate, ketamine
  ☐ Rocuronium, succinylcholine
  ☐ Phenylephrine, epinephrine
  ☐ Multiple saline flushes at the bedside

Equipment

☐ Nonrebreather facemask for preoxygenation
☐ Suction with Yankauer
☐ Video laryngoscope (McGrath or Glidescope) and appropriately-sized blade
☐ Bag-Valve-Mask apparatus + HEPA filter
☐ Qualitative capnography indicator (i.e., “color change” indicator)
☐ Appropriately-sized endotracheal tubes
☐ Oropharyngeal airway (90mm, yellow)
☐ Bougie airway catheter
☐ Supraglottic airway (size 3, 4, or 5)

Order of Donning for Appropriate PPE

☐ Remove jewelry and secure freely hanging items (badge lanyards, long hair, etc.)
☐ Sanitize/wash hands
☐ Shoe covers, PAPR belt (motor/battery)
☐ N95 mask +/- surgical mask
☐ Cap, isolation gown
☐ Gloves (first pair)
☐ PAPR hood (alternatively, full-face visor or protective goggles if PAPR is unavailable)
☐ Protective gown (second isolation gown if unavailable)
☐ Gloves (second pair, consider adding third pair to be discarded immediately following airway instrumentation)

Order of Doffing for PPE (please refer to video references for demonstration)

☐ Gloves (remove from inside out, avoid snapping gloves to prevent aerosolization)
☐ Gown (avoid touching the front/exposed portions, pull down and roll inside-out)
OUMC Adult Airway Management Protocol (Continued)

- PAPR hood or eye protection (hand these to a gloved/masked assistant for disinfection)
- Cap, shoe covers
- Leave room with N95 mask ON (grasp back elastic ties and pull forward, being careful to avoid touching the front portion of the mask)
- Sanitize/wash hands

This protocol developed by the Anesthesia Task Force from the OU Department of Anesthesiology. If there are any questions/concerns, please do not hesitate to reach out to Dr. Schoaps directly: Robert.Schoaps@ouhsc.edu, 405-606-1202.
COVID-19 Case Postponement Plan

Updated 03/21/2020

In an effort to protect and mitigate the exposure of our patients and providers as well as to be good steward of enterprise resources, OU Medicine will suspend the scheduling of some surgeries and procedures.

- The scheduling of non-urgent, elective procedures should be postponed through April 27th at OUMC, OUMC Edmond and The Children’s Hospital.

- We will also encourage any elective outpatient procedures to be done at the Ambulatory Surgery Center (ASC) for the current time.

This action is deemed necessary for the conservation of resources vital to patient care. These resources include, but are not necessarily limited to:

- Personal protective equipment
- Medical supplies
- Maintain essential staffing levels necessary to appropriate and timely care.

The ASC provides the best location for patients with elective procedures to decrease risk of exposure in the inpatient environment. This action has now been recommended by the American College of Surgeons, the Surgeon General and other professional resources.

- Time-sensitive cases should not be delayed unless conditions within the facilities necessitate further restrictions.
- Surgeons and their service leaders should determine those conditions that require timely treatment to achieve optimal outcomes.
- These cases should continue in the most appropriate facility at routine standard of care intervals.
- In response to constant change in this dynamic environment, evaluation of the most current information is ongoing.
COVID-19 Case Postponement Plan (Continued)

While enterprise leaders express a preference for communication to take place between the attending surgeon or provider and the patient, there may be reasons why this approach is not possible or ideal. Each area should determine how the needs of the patient and clinical team are best served.

The Surgery/Procedure schedule will be reviewed by each facility’s Infection Prevention (IP) and Operating Room (OR) Medical Directors. Any feedback on plan will be communicated to the Provider.

Please work with your Hospital Director Partner and schedulers to adjust schedules and we will help facilitate movement to the ASC as needed. We appreciate your partnership in trying to timely take care of patients while also leading the way in maintaining the safety of our community and resources.

We are also working diligently across the enterprise to offer virtual options for patients in our ambulatory settings. More information will be coming about that opportunity.

Thank you,
Dr. Salinas, Dr. Gessouroun, Dr. Mitchell, Dr. Mantor, Dr. Higgins, Dr. Teague, Dr. Edil, Dr. Roberts, Kris Gose, Jon Hayes and Lisa Wilson.
### Elective Surgery Acuity Scale (ESAS)
Reprinted with permission: Sameer Siddiqui, MD, FACS, St. Louis University

**Added 03/21/2020**

<table>
<thead>
<tr>
<th>Tiers/Description</th>
<th>Definition</th>
<th>Locations</th>
<th>Examples</th>
<th>Action</th>
</tr>
</thead>
</table>
| **Tier 1a** | **Low acuity surgery/healthy patient.**  
Outpatient surgery, not life threatening illness | • HOPD  
• ASC  
• Hospital with low/no COVID-19 census. | • Carpal tunnel release  
• Penile prosthesis  
• EGD  
• Colonoscopy | Postpone surgery or perform at ASC |
| **Tier 1b** | **Low acuity surgery/unhealthy patient** | • HOPD  
• ASC  
• Hospital with low/no COVID-19 census. | | Postpone surgery or perform at ASC |
| **Tier 2a** | **Intermediate acuity surgery/healthy patient.** | • HOPD  
• ASC  
• Hospital with low/no COVID-19 census. | • Low risk cancer  
• Non-urgent spine  
• Ureteral colic | Postpone surgery if possible or consider ASC |
| **Tier 2b** | Intermediate acuity surgery/unhealthy | • HOPD  
• ASC  
• Hospital with low/no COVID-19 census. | | Postpone surgery if possible or consider ASC |
| **Tier 3a** | **High acuity surgery/healthy patient** | Hospital | • Most cancers  
• Highly symptomatic patients | Do NOT postpone |
| **Tier 3b** | **High acuity surgery/unhealthy patient** | Hospital | | Do NOT postpone |

HOPD – Hospital Outpatient Department  
ASC – Ambulatory Surgery Center
Chapter 2: Ambulatory Care

Screening Workflows

Ambulatory Areas

![Diagram of Ambulatory Areas Screening Workflows]

(Mathematical content)

Return to Table of Contents
Respiratory Clinics Established

*Added 03/24/2020*

Clinics have been established to evaluate patients with respiratory complaints.

- **OU Physicians Family Medicine Respiratory Clinic in the Family Medicine Center**,
  - 900 NE 10th Street, opened March 23, to serve patients of the Family Medicine Clinic.
  - The Family Medicine Center expanded access to serve patients referred by the OU Physicians building, as the result of screening.
  - The goal is to separate patients potentially infected with COVID-19 from the general patient population.
  - In this clinic, credentialed providers will assess patients' respiratory complaints to determine their likelihood of COVID-19 infection and their overall well-being.

- **Stephenson Cancer Center**
  - Began screening patients and visitors upon entry into the building.
  - SCC mobilized a front entrance, drive-through screening and lower-level oncology triage screening beginning today.
  - Established or newly scheduled SCC patients will be triaged according to protocols provided in the clinic.
  - Urgent oncology cases will be provided with the necessary information and directed to the ED.
  - Non-urgent cases will be assessed in the designated oncology triage clinic.

- **OU Medical Center Clinics**
  - Located in the PPOB continue to see established patients.
  - There is not a respiratory-specific clinic located in the PPOB, however patients are screened for exposure and symptoms in the first-floor registration area.
  - Patients who need immediate outpatient medical attention for respiratory issues may be directed to the OU Physicians Respiratory Clinic in the Family Medicine Center.
Rescheduling Non-Urgent Adult Cardiovascular Procedure Appointments

*Added 03/25/2020*

OU Medicine is using the recommendations from the American College of Cardiology (ACC), the American Society of Echocardiography (ASE) and the CDC in the rescheduling of non-urgent outpatient cardiovascular procedure visits. Rescheduling preserves resources vital for best patient management of those having or suspected of having COVID-19 and limits exposure of our patients and staff to COVID-19.

**Non-Urgent Outpatient Procedures:**
Cardiovascular medicine specialists should work with their referring physicians to review and reschedule the following non-urgent outpatient procedures:

- Elective/Non-urgent Diagnostic and Interventional Cardiac Catheterization and Electrophysiology procedures:
  - Left Heart, Right Heart, R and L Heart, Peripheral Diagnostic catheterizations
  - Percutaneous Coronary and Peripheral Vascular Interventions
  - Pericardiocenteses
  - Electrophysiology Interventions (including cardioversions, ablations, pacemakers, defibrillators, and loop recorders)
- Elective/Non-urgent Adult Echocardiography: Transthoracic Echocardiography (TTE)
  - Transesophageal Echocardiography (TEE)
  - Stress Echocardiography – Exercise and Dobutamine Stress
- Elective / Non-urgent Vascular Studies: Venous Ultrasound- upper and/or lower – surveillance or follow-up, varicose vein mapping or venous insufficiency
  - Arterial Ultrasound and LEA- claudication
  - Carotid- Asymptomatic Carotid Disease
  - Dialysis Access Ultrasound- for planned access surgery without surgical date
- Elective/non-Urgent Exercise Tolerance Testing (ETT)
- Tilt Table Testing
- Ambulatory ECG Monitoring (Holter, Event and Ziopatch)
Rescheduling Non-Urgent Adult Cardiovascular Procedure Appointments (Continued)

Urgent Outpatient Cardiovascular Non-Invasive Imaging Appointments

- All OU Medical Center *non-invasive* outpatient imaging and PFT testing will be done at OU Physicians Building (OUPB) and Stephenson Cancer Center (SCC). Hours are currently 8 am – 4:30 pm.
- Exceptions to this include transesophageal echocardiography and dobutamine stress echocardiography, neither of which can presently be performed at OUPB or SCC.

References:

**ACC Guidelines**


**ASE Guidelines**


**ASNC Guidelines**

https://www.asnc.org/news

**SVU Guidelines**

Rescheduling OU Physicians Patient Appointments

*Updated 03/22/2020*

In order to mitigate the risk to our healthcare workforce and patients from COVID-19, OU Physicians adult and children’s clinics will reschedule non-emergent clinic visits for after May 29.

If patients need to be seen by a provider between now and May 29, they will be seen in person or if practical, they will be seen through a virtual care visit (telemedicine). OU Physicians leaders have worked hard to take each medical condition into consideration and make decisions on which care pathway is the safest for each patient.

**Key Points:**

- Patients will be contacted directly by the clinic if their appointments have been cancelled or changed to virtual care visits.
- If appointments are changed to virtual care visits, they will be provided specific instructions to set up appointment.
- Patients will continue to receive appointment reminder messages based on their preferred method of communication (email, text, phone call).
Outpatient Imaging Guidance for Suspected & Confirmed COVID-19

Rescheduling Non-Urgent Care

- The American College of Radiology (ACR) fully supports and recommends compliance with the Centers for Disease Control and Prevention (CDC) guidance that advises medical facilities to “reschedule non-urgent outpatient visits.”
- This includes non-urgent imaging and fluoroscopy procedures, including but not limited to:
  - Screening mammography
  - Lung cancer screening
  - Non-urgent computed tomography (CT)
  - Ultrasound
  - Plain film X-ray exams
  - Other non-emergent or elective radiologic and radiologically guided exams and procedures.
- Radiologists should work with their referring physicians to review and reschedule such exams.
- Resources:
Outpatient Imaging Guidance (Continued)

- All OUMC Outpatient Imaging will be done at OUPB/SCC/OUMC Clinic Building & be available for other sites although hours may change with patient need.
- OUMC Edmond &TCH will attempt to separate arrival of outpatients from the inpatient care
- Breast Health Network (BHN) will continue to provide the following services at minimum:
  - Continue diagnostic work ups -
    - Recent abnormal screening finding.
    - New lump, symptom.
    - Follow up for breast cancer patients less than 2 years.
  - Continue breast biopsy, fine needle aspiration, needle localization.
  - Continue Breast MRI for new cancer diagnosis only.

Each week by Friday, each facility will have a group review of the next week’s schedule to make sure the above recommendations are true and discuss with providers who requested imaging as necessary for outpatient care.

This will include the Chair or Vice Chair of Radiology and the Director of Imaging at each facility.

The Practice Directors for OU and OUCP or the CMO at Edmond will be involved as and if needed.

This review validation will be sent to the Hospital President by EOB each Friday.

Thank you,
Dr. Alliehan, Dr. Wagner, Dr. Salinas, Dr. Teague, Dr. Gessouroun, Dr. Mantor, Dr. Puckett, Kris Gose, Jon Hayes, Lisa Wilson and Tracy Cothran.
Chapter 3: Employee Resources

Employee Health

Healthcare Worker Monitoring

Upon determination of a suspected patient with COVID-19, the STAFF LOG must be initiated and maintained (Appendix C).

Healthcare workers caring for a patient, and those that perform tasks associated with risk of exposure (e.g. staff involved in room cleaning) will be monitored for fever and other relevant symptoms for the length of the incubation period, specific to the infection, from their last date of potential exposure.

They will be required to measure their temperature twice per day and document relevant symptoms.

In the event of a temperature ≥ 100.4 or positive symptom screen, OU Medicine staff are required to contact Employee Health at oumdlehcovid19screening@oumedicine.com immediately. OUP/OUHSC staff are required to contact Employee Health (405-271-3100) immediately.

Healthcare Worker Exposure

Employees who need to report an unprotected exposure (i.e., entering the room without appropriate PPE) or possible exposure, should be assessed by Employee Health immediately to determine as to whether exposure has occurred.

Contact OU Medicine Employee Health at:
oumdlehcovid19screening@oumedicine.com

Contact OUHSC/OUP Employees/Physicians Employee Health at:
405-271-9675

If it is determined that an exposure did occur; post exposure follow-up will be conducted based on direction from public health authorities.
COVID-19 Exposure Management Guidelines

If questions about Risk Category:

OUM Employees:
oumdlehcovid19screening@oumedicine.com

OUHSC/OUP Employees/Physicians:
405-271-9675

Low Risk Exposure

- Exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while Healthcare Provider (HCP) were wearing a facemask or respirator.
- Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.
- HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat).
- They should ensure they are afebrile and asymptomatic before leaving home and reporting for work.
- If they develop fever (measured temperature ≥ 100.0°F or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
Medium Risk Exposure

- Exposures generally include HCP who had prolonged close contact with patients with COVID-19 where HCP mucous membranes were exposed to material potentially infectious with the virus causing COVID-19.
- These scenarios involve interactions with symptomatic patients who were not wearing a facemask for source control.
- Because these exposures do not involve procedures that generate aerosols, they pose less than that described under high-risk.

High-Risk Exposures

- Refer to HCP who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected.

HCP in the High- or Medium-Risk Category

- Should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure.
- If they develop any fever (measured temperature ≥100.0°F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
- Both high- and medium-risk exposures place HCP at more than low-risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures.
Human Resources

Authorization Letter

*Added 03/25/2020*

In response to the executive order announced Tuesday, 3/24, by Governor Stitt, enterprise leaders are working to draft an authorization letter for use by core workforce employees in the event of tightened restrictions to population movement. The content will be crafted to help identified employees successfully navigate potential check points.

These core workforce members will be identified by directors, managers or supervisors. Exceptions outside the defined core workforce criteria will be made as necessary by safety officer(s) and hospital and health sciences center leadership.

Travel Guidelines

*Effective March 20, 2020*

If you are returning from travel outside of Oklahoma, including domestic or international travel, you are asked to self-isolate for 10 days and contact Employee Health at oumdlehcovit19screening@oumedicine.com for further instruction and screening.

*Friday, March 13, 2020*

To all OU Medicine Inc., Staff:

We continue to monitor the COVID-19 virus closely and as of today, March 13, 2020, there are no confirmed cases of the virus in OU Medicine, Inc. facilities, or those of our academic healthcare partner, University of Oklahoma Health Sciences Center.

To continue our efforts to prevent the potential spread of COVID-19, please note that we have made an update to OU Medicine, Inc.’s travel restrictions and self-isolation guidelines within our responsiveness and preparedness plans.

**Travel Guidelines (As of Friday, March 13, 2020):**

- OU Medicine, Inc. is suspending all international travel to China, Hong Kong, Italy, Iran, Japan, South Korea and Europe (these are defined as “impacted countries”),
• Also suspended is all non-essential domestic business travel through the states of Washington, Oregon, California, New York, Massachusetts and Florida.

• Mission critical travel is not suspended but must be approved in advance by Chuck Spicer, president and CEO of OU Medicine, Inc. or one of the hospital presidents. This type of travel is tied to key work that, if delayed, would damage the advancement of our mission and strategic goals.

**Self-isolation Guidelines (As of Friday, March 13, 2020):**

Under the travel guidelines and restrictions, staff who have returned from travel to or through any of the impacted countries or states listed above, you must remain away from work through the self-isolation period.

• For international travel, this begins from the date of arrival in the U.S. or the last contact with an individual arriving in the U.S. from any part of these countries, whichever is longer.

• For domestic travel, this begins from the date of arrival in Oklahoma or the last contact with an individual arriving in Oklahoma from any state listed above.

The current self-isolation period is 14 days, but may be lengthened as additional information becomes available.
Travel Guidelines (Continued)

OU Medicine staff returning from impacted countries should contact Employee Health by email at oumdlehcovid19screening@oumedicine.com within 48 hours of your departure from the area and prior to returning to work to arrange and complete a medical screening.

**Travel to Impacted Countries or States:**

For Staff who traveled to impacted countries prior to March 5, 2020, or who are currently in a defined restricted area as of March 5:

Human Resources will work with departments to ensure these individuals who stay home during the self-isolation period will be given the chance to either work from home, if approved by their director or above leader, OR if work-from-home status is not approved for the staff member, be placed on administrative leave and receive 100% of their base pay up to their FTE as defined in Workday. **Spring Break Travelers, traveling March 14-22, 2020, whose PTO requests were submitted and approved prior to March 5:**

Human Resources will work with departments to ensure these individuals who stay home during the self-isolation period will be given the chance to either work from home, if approved by their director or above leader, OR if work-from-home status is not approved for the staff member, be placed on administrative leave and receive 100% of their base pay up to their FTE as defined in Workday.

**Staff who travel to impacted countries after March 4, 2020, or the identified states outside of the spring break period:**

Administrative paid leave will not be an option. Staff taking personal trips to an impacted country or identified states (including layovers through an impacted country or identified state) must be prepared to comply with self-isolation requirements upon their return. During this self-isolation period, these staff must use PTO if available or, if no PTO is available, then the staff may either work from home, if approved by their director or above leader, or take leave without pay.
Staffing Considerations

- Only staff that have been fit tested for N95 respirators should care for suspected/confirmed patients with COVID-19s.
- Staffing will be at the discretion of department leadership.
- Donning and doffing PPE procedures required for suspected/confirmed patients with COVID-19 may impact nurse-to-patient ratios.
- Direct patient care providers may need to perform daily room cleaning for the patient to decrease potential exposure to ancillary staff.
- Log of all employees entering the patient’s room should be kept at the nurses’ station.
- Other care team members, such as Case Management, may consult without direct patient contact.
- In order to limit the number of staff exposed to suspected/confirmed patients with COVID-19, students (medical, nursing, respiratory therapy, etc.) will not be permitted to provide direct patient care.

Reassignment of Pregnant Persons

*Updated 03/23/2020*

- Per CDC guidelines, and for their safety, pregnant persons will be reassigned to patient populations that are **NOT** suspected or confirmed COVID-19 positive. Please contact your supervisor for more information.
Childcare Options for Healthcare Workers

Are you in need of childcare during these trying times? Below are options to consider. OU Medicine is neither endorsing nor requiring the use of these programs, but merely making information available to employees. There may be other childcare options available beyond the list below.

YMCA
The YMCA has announced the opening of six sites for weekday school age childcare programs (Ages 5-12) for parents who work in healthcare, emergency services or the Oklahoma Health Department beginning Monday.

- Available sites:
  - Earlywine Park YMCA, 11801 S May Avenue, OKC
  - Edward L. Gaylord Downtown YMCA, 1 NW 4th Street, OKC
  - Rankin YMCA, 1220 S Rankin Street, Edmond
  - Rockwell Plaza YMCA, 8300 Glade Avenue, OKC
  - Midwest City YMCA, 2817 N Woodcrest Drive, Midwest City
  - Stillwater YMCA, 204 S Duck Street, Stillwater
- They will be open from 6:30 am to 7:30 pm, Monday – Friday.
- Rate $25 per day. Financial assistance available for those in need.
- You can register for these programs at https://ymcaokc.org/community/emergency-childcare/ or by calling 405-224-0655.

Bright Horizons
- Offers OU Medicine Employees an in-home option by signing up for its SitterCity program.
- Please contact Bright Horizons at 1-877-242-2737, or on the web at http://www.careadvantage.com/oums (passcode: OURewards) to obtain assistance and inquire about fees.

St. Luke’s United Methodist Church
- Offering temporary childcare to medical professionals, so they can continue to provide patient care.
- When you inquire, identify yourself as a medical professional with OU Medicine. They have an expedited approval process for these requests.
- Currently the program is for children under age 5, however an elementary-age program is being developed specifically to meet these unusual circumstances. More information will be forthcoming. Contact St. Luke’s Child Care at 405-232-2391 to inquire about openings and fees.
YMCA Flyer

The YMCA of Greater Oklahoma City is offering daily, weekday childcare to parents who work in healthcare, emergency services or the Oklahoma Health Department who are required to report to work and do not have access to other care. This service is in place to assist during this community crisis and is a temporary function of the YMCA.

What to Expect
- Facilities that are cleaned every hour.
- Small groups with a 1:5 ratio.
- Curbside drop-off/pick-up.
- Activities that encourage movement, stimulate the mind and are really fun!
- Breakfast and lunch provided.
- Swimming
- And so much more!

LEARN MORE AND REGISTER
ymcaokc.org/emergencychildcare
or 405 224 0655

Availability
Monday - Friday | 6:30 a.m. to 7:30 p.m.
Earlywine Park YMCA, 11801 S May Avenue, OKC
Edward L. Gaylord Downtown YMCA, 1 NW 4th Street, OKC
Rankin YMCA, 1220 S Rankin Street, Edmond
Rockwell Plaza YMCA, 8300 Glade Avenue, OKC
Midwest City YMCA, 2817 N Woodcrest Drive, Midwest City
Stillwater YMCA, 204 S Duck Street, Stillwater

Ages
5 to 12 years old

Rate
$25 per day

Hours
6:30 a.m. to 7:30 p.m.
Financial assistance available.
Employee Assistance Program

EAP is Here to Help

Feeling stressed about the coronavirus (COVID-19)?
Your program is here to help.

As the coronavirus disease (COVID-19) spreads, and the media coverage continues to escalate, many people are anxious about the uncertainty of what is happening. You may be wondering if the virus will come to your community, how you can protect yourself and your family and how to prepare if the situation disrupts the normal course of daily life.

It is normal to feel anxious, unsettled, distracted, scared and/or overwhelmed by COVID-19. We don’t know where it may spread. However, some people may be more vulnerable if they already have a health or generalized anxiety disorder. In either case, feeling stressed can affect your immune system and increase the risk of getting ill in general. That is why it is important to take steps to manage your anxiety and how you react to the situation, so you can keep yourself as safe as possible.

Here are a few things you can do to help yourself during the situation:

1. Seek health information from trusted resources like the U.S. Centers for Disease Control & Prevention (CDC), The World Health Organization and your state health department website.

2. Plan ahead to feel more in control. Go food shopping and make contingency plans for work, childcare or travel if they become necessary.

3. Take good care of yourself. Wash your hands often, get plenty of rest, exercise, eat well, don’t smoke and limit how much alcohol you drink.

4. Put things into perspective. Most people who contract COVID-19 recover. Those who are at the greatest risk are seniors and people with existing health conditions. The virus is highly contagious and there is no known treatment yet, but public health officials are working to limit and contain the spread of it.

5. Stay informed, but don’t overdo it. The industry sometimes uses panic-inducing headlines that don’t fully reflect a situation. If you do consume media, do so thoughtfully and with a critical eye.

If you find that you are having difficulty managing stress, help is available. If a household member is hypervigilant, obsessively reading about the crisis and worrying about the effects, remember you can call your program. We are available 24 hours a day, 7 days a week, all year long. Contact us and you can speak with a clinical professional. All services are free and confidential.

You can access your program website for ongoing information on how to maintain mental wellness during this outbreak. You can also engage with our Digital Cognitive Behavioral Therapy apps, including FeelFighter® for anxiety, panic and phobia, and MoodCalmer® for depression.

Magellan Healthcare is here to provide you with compassionate and caring support and help you build your resilience so you can move forward with peace of mind.
Compassion Fatigue and COVID-19

The COVID-19 global pandemic is taking a physical, mental and emotional toll on doctors, nurses, healthcare workers and caregivers. The long work hours and limited resources are causing overwork, exhaustion and in some cases, compassion fatigue. Not to mention balancing your work with the concerns for your own family and loved ones.

**What is compassion fatigue?**
Compassion fatigue is a state of chronic physical and mental distress and exhaustion. People with this fatigue often describe a negative shift in their world view and a preoccupation with the illness of others. They may experience stress and burnout, affecting their ability to be effective in their jobs and relate to their loved ones and friends.

**Tips for preventing compassion fatigue:**
- **Make self-care a priority.** Despite your workload, do your best to practice healthy habits. Focus on making sure you are staying hydrated, sleeping as much as possible, eating nutritious meals and getting exercise when you can. Follow the COVID-19 CDC guidelines on keeping yourself and your family’s risk low.
- **Boost your emotional resilience.** Deep breathing, meditation, being grateful and allowing yourself some down time are ways to keep your life in balance, so you are better able to handle stress, setbacks and crises.
- **Get social support.** Connecting with supportive loved ones, friends and colleagues can be a calming influence and shift your perspective on what you are dealing with every day.
- **Be proud of your profession.** Your work is important. You are caring for people during the first-ever pandemic caused by a coronavirus and giving them hope and strength.
- **Seek professional help.** If you are experiencing distress and/or symptoms of burnout for more than two weeks, help is available. Your program is completely confidential and here to help you and your household members 24/7/365. No situation is too big or too small. Give us a call or go online to [MagellanAscend.com](https://www.magellanascend.com).

We wholeheartedly thank you for all you are doing to care for others and combat this outbreak.


1—Compassion Fatigue
Healthcare Worker Anxiety about COVID-19

Addressing Healthcare Worker Anxiety about the Coronavirus (COVID-19)

The novel coronavirus (COVID-19) outbreak in the United States continues to evolve, with more cases and quarantines popping up on news feeds everywhere. The closer it gets to their homes, the more people are worrying. But what about the people on the front lines?

Nurses, doctors and other medical professionals who are testing for and treating COVID-19 are at a higher risk of contracting it than the general public. What can they do to take care of themselves, physically and emotionally?

As Kushal, Gupta and Mehta stated in Study of Stress among Health Care Professionals: A Systemic Review, “Work related stress is a potential cause of concern in healthcare workers and is associated with decreased job satisfaction, days off work, anxiety, depression, sleeplessness, medical errors and near misses.” Long shifts and working with sick people—some of whom are gravely ill—can lead to burnout and anxiety from their normal jobs.

Already-struggling healthcare workers are now faced with COVID-19 unknowns and demands, including taking care of people with confirmed cases of the virus. While they may feel they are at the whirms of the virus, there are things healthcare workers can do to take some control over their work environment and manage their fear or anxiety.

- **Know what your organization’s plans are.** Read the business continuity plan and know your role. Talk to your team members about cross-training and covering for each other if one of you gets sick. In addition, ensure you are following proper protocols for cleaning and preventing spread. Visit [cdc.gov](http://cdc.gov) for helpful information. This is particularly important for behavioral health providers who may not always think about universal precautions.

- **Surround yourself with green.** If your facility permits, bring in a few plants to liven up your surroundings. Being around plants has a calming effect on people. [Employees who work in offices with plants tend to feel better about their jobs, worry less and take fewer sick days.](https://www.huffingtonpost.com/entry/employees-plants-workplace-satisfaction-top_story_r_57c5c84b584e8e33b3e68121) If you can’t have plants in your space, take time to look out the window and find some green. You may find that is enough for a quick mental break and perspective.

- **Use small tools to create a calming environment.** A small water feature, a sand garden or hourglass, stress balls and other items can provide a quick way to refresh your mind. Or just step back, take deep breaths, stretch and/or meditate.

- **Find someone to talk to.** Some hospitals have on-site or on-call chaplains; take advantage of them. Don’t be afraid to talk to your coworkers about how you are feeling. Chances are, they are feeling the same way and would welcome a discussion. Many medical settings offer a form of [rounds](https://www.aapc.com) that addresses the emotional impact of caring for a particular patient or theme. Similar semi-structured

1—COVID-19-12870, March 11, 2020
Healthcare Worker Anxiety about COVID-19 (Continued)

discussion groups with peers can be very helpful in handling stress and preventing the development of PTSD.²

- **Get professional help.** Be open to contacting your organization’s Employee Assistance Program if you find yourself developing “compassion fatigue,” where your desire to help others erodes.

- **Limit exposure to media.** Media outlets have a tendency to sensationalize stories, so it’s important to consume news thoughtfully and with a critical eye.

In addition, do all the normal things to take care of yourself: try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs. Doing these things can have a positive impact on your mental health and help you manage anxiety.

Your program is completely confidential and here to help you and your household members 24/7/365. No situation is too big or too small. Give us a call or go online to MagellanAscend.com.

For more information and tips, visit MagellanHealth.com/COVID-19. We wholeheartedly thank you for all you are doing to combat this outbreak.

1: https://www.webmd.com/a-to-z-guides/ss/slideshow-health-benefits-houseplants.

2: See Schwartz rounds.
Telecommuting Update

Updated 03/18/2020

In an effort to limit staff working on campus, leaders have identified nearly 600 individuals telecommuting full- or part-time, effective immediately. Responses are still incoming from leaders and we expect this list to grow. More employees may shift or rotate telecommuting assignments as this situation rapidly evolves.

The realignment of staff resources will make at least 200 parking spaces immediately available, in order to decrease the number of shuttle passengers at any given time. This will enhance our practice of social distancing.

We appreciate the diligence of our partners in Parking Services in helping us make the best use of campus resources. Parking Services will reach out to individuals who are directly affected by these changes.

Review [OUM Policy HR.064 “Telecommuting”](#) for more information.
Human Resources Reminder

Updated 03/20/2020

What you should I do if I am injured on the job or exposed to a communicable disease?

All OU Medicine employees are encouraged to report ALL work related incidents (regardless of how insignificant).

- Report incidents within 24 hours from the date of the incident to:
  - Your supervisor
  - RL Solutions
- Refer to [HR.012 Communicable Disease Preparation](#) policy for more information.
Donations

Added 03/25/2020

With the pandemic of COVID-19 (Coronavirus), health care systems worldwide are experiencing short supply of many commonly used items. OU Medicine welcomes financial gifts to support crisis needs and donations of items that may be available at consumer retailers. An online giving option will be available soon. More information is available at oumedicine.com/giving.

For safety, all materials should be unopened and in their original packaging. Priority items include:

- Hand sanitizer (individual and pump bottles)
- Sanitizing/bleach wipes
- Alcohol pad wipes
- Isopropyl alcohol
- Goggles, face shields or safety glasses
- Thermometers (display digital or forehead models)
- Face masks, in particular N95 Medical Masks or NIOSH-certified N95 Respirators (such as painter’s masks)
- Latex free gloves
- Protective isolation gowns

When buying and delivering donations, please be sure to practice social distancing. Below is donation and drop-off detail:

Main entrance valet of The Children’s Hospital 1200 North Children’s Avenue; Monday-Friday 9 a.m. – 5 p.m.

The Child Life and Volunteers staff will be happy to take your donation, while practicing social distancing to protect you and our patients.

Call 405-271-1234 or email giving@oumedicine.com with questions.

Make checks payable to “OU Medicine” and mail to:
OU Medicine Development
ATTN: Anne Clouse
1200 Children’s Avenue, 11th floor
Oklahoma City, OK 73104
Employee Relief Fund

Updated 03/20/20

OU Medicine, Inc. employees are vital members of this family of service providers. But, what happens when you need support and healing? As an OU Medicine, Inc. employee working full-time, part-time or PRN averaging 12 hours per week or more, you may be eligible to receive assistance from the Employee Relief Fund. Specific guidelines determine eligibility and must meet the definition of emergency or hardship resulting from extended illness/injury, disaster or other situation that is beyond your control.

Eligible situations include:

- Applicant or spouse has missed more than one week of unpaid time due to illness (for self or for dependent family member).
- Applicant or dependent family member requires treatment with non-routine medical expenses (e.g., required out-of-network treatment, long-distance travel to receive treatment).
- Cost of medical treatment prevents applicant or dependent family member from receiving care.
- Disaster, such as fire, flood, tornado or earthquake.
- Domestic violence.
- Death in the immediate family causing financial hardship. Immediate family includes the employee’s current spouse, child or stepchild.

If you need assistance, please contact Employee Relief Fund Administrator at 405-271-6035 or relieffund@oumedicine.com.
News Releases

OU Medicine Prepares Mobile Emergency Rooms for Use in COVID-19 Screening

Added March 24, 2020

OKLAHOMA CITY—OU Medicine is preparing mobile emergency rooms, located near the Emergency Room entrance of OU Medical Center, to help safely and efficiently medically screen urgent and emergent patients for COVID-19.

All OU Medical Center adult emergency room patients (not arriving by ambulance) are triaged through the mobile emergency room, provided respiratory isolation if necessary, and medically screened by Emergency Medicine providers. This facility is not a COVID-19 testing location.

“We want to keep all patients, staff, and providers in our community safe, while at the same time closely monitoring and caring for those with respiratory illness,” said Rowdy Anthony, associate vice president for emergency and trauma services at OU Medical Center.

“Use of this system provides quick isolation of respiratory symptoms, and limits unnecessary contact with other at-risk patients, creating a safer environment for everyone. Emergency Room patients not suspected of COVID-19 symptoms are still evaluated by Emergency Medicine providers,” he added.

Nationally, a shortage of personal protection equipment (PPE), such as masks and gowns, has also made it challenging to keep medical providers and staff healthy and safe, Anthony noted. Utilizing these mobile emergency room facilities will require less use of those vital health care resources.
COVID-19 Testing Could Begin Soon on OU Medicine Campus

Added March 24, 2020

COVID-19 Testing Could Begin Soon on OU Medicine Campus; OU Health Sciences Center, OMRF Contributing to Process

OKLAHOMA CITY – Although testing kits for COVID-19 remain in short supply, OU Medicine and its academic partner, the OU Health Sciences Center, along with the Oklahoma Medical Research Foundation, have launched a multifaceted strategy to begin testing samples on campus as soon as possible.

Thus far, OU Medicine has relied on the Oklahoma State Department of Health and national laboratories for all testing because testing kits are scarce and the supply chain backlogged. Those options are taking longer because more patients are seeking or needing testing; the turnaround for results is now three or more days. However, if supplies, such as nasal swabs and chemical reagents, become available, OU Medicine is prepped and ready to begin in-house testing, and could eventually test hundreds of samples a day.

“OU Medicine already has two testing platforms that have received emergency authorization to conduct testing on COVID-19 samples,” said Michael L. Talbert, M.D., Chief of Pathology Services for OU Medicine. “OU Medicine laboratories are CLIA-certified, meaning we have undergone the rigorous certification process necessary to conduct tests on human samples. We are in dire need of testing supplies, but once we receive them, we can begin testing samples within three to five days.”

OU Medicine’s strategy involves immediate, intermediate and longer-term plans, as well as creating new options for testing by using instruments that typically would be used in research settings.

Immediate plans include running tests on the two existing platforms once supplies arrive. Emergency authorization should be granted soon for two other existing instruments, and OU Medicine plans to obtain an additional unit of one of the instruments. Combined, those four platforms could perform approximately 1,200 tests each day.

For its intermediate strategy, OU Medicine has ordered a new testing platform, and all necessary supplies, that could perform approximately 300 tests per day. This particular instrument is in high demand, Talbert said, but he hopes it will arrive within the next few weeks.

The longer-term strategy includes potentially acquiring another new testing platform that offers the ability to conduct testing at a faster pace; in this case, 384 tests every eight hours.

“Between our existing platforms and our efforts to acquire new equipment, we are prepared to begin testing once supplies become available,” Talbert said. “OU Medicine also brings a cadre of experienced personnel who are ready to begin running samples. It is crucial that we increase local testing soon to identify patients with the virus and clear people who can then not be quarantined. We also need to test more of our healthcare workers who may have been exposed so they can safely care for our patients without the risk of infecting them or other healthcare workers.”

OU Medicine is also collaborating with its academic partner, the OU Health Sciences Center, and neighboring Oklahoma Medical Research Foundation (OMRF) to create and validate its own COVID-19 tests, using instruments that typically have been used for research projects. The OU Health Sciences Center has a Research Core, a large facility that houses many pieces of specialized equipment, as does OMRF. Instruments from both core labs will be used to demonstrate that newly created methods of testing work. If that effort is successful, OMRF brings expertise and experience in another innovative, high-capacity testing platform that could potentially conduct several thousand tests per day once it is fully operational.

“As part of an academic healthcare system, we bring many resources to bear during this pandemic,” said James J. Tomasek, Ph.D., Vice President for Research at the OU Health Sciences Center. “By repurposing high-efficiency instrumentation that has been supporting research projects, and with the valuable contributions of our research scientists and scientists at OMRF, we have the opportunity to contribute to a major increase in testing capability.”
COVID-19 Vaccine Study

*Updated 03/20/20*

The University of Oklahoma Health Sciences Center has launched a research collaboration with Pure MHC, an innovative biotechnology company, to work toward the development of a vaccine for the COVID-19 virus.

At the OU Health Sciences Center, the scientific team is led by William Hildebrand, Ph.D., whose expertise is helping the body’s protective immune cells target and kill virus-infected cells. He will be working with Pure MHC, part of a family of biotechnology companies formed, funded and managed by Emergent Technologies, Inc. Approximately 20 years ago, it commercialized and advanced Hildebrand’s and others’ research to develop breakthrough drugs and therapies. This partnership represents a unique collaboration between researchers in a university setting and a company with the scientific expertise and investment to further the project.

Hildebrand’s research career has focused on a crucial component of vaccine development: creating targets that help the immune system’s T-cells find and kill virus-infected cells. Because COVID-19 is an entirely new virus, the body’s immune system has not been trained to recognize it. Hildebrand’s research discoveries could provide a target for a potential vaccine.

As more information becomes available about this research, we will keep you posted.
Communications Virtual Command Center

*Updated 03/20/2020*

OU Medicine Marketing and Communications has activated the department around a Communications Command Center that is virtual. This is in an effort to manage the public and internal flow of information for core functions of emergency response and public health awareness. You can still contact marketing and communications team members that you have always worked with but you can also access the marketing and communications department through the Communications Virtual Command Center. This is available for internal-use only across OU Medicine, Inc. and OU Health Sciences Center.

If you have questions or need additional information related to internal communications needs, contact the Pulse at thepulse@oumedicine.com. For requests related to external communications, such as patient needs, website or marketing campaign materials, contact feedback@oumedicine.com.

Phone lines for the communications virtual command center are as follows:
Primary line: 405-514-0853
Secondary Line: 405-514-0874

**Reminder about Media:** Please remember that media management is a function of OU Medicine Marketing and Communications. For all media requests, call 405-271-6864. **The OU Medicine healthcare enterprise-wide marketing and communications team manages all requests for media.** This team serves as a liaison across the healthcare enterprise and a full range of state, city, county agencies and officials, as well as other medical/healthcare partners across the state.
COVID-19 Incident Command Organization Chart – Added 03/25/2020
Link to OU Medicine Resources

OKC Thunder Facebook Live on COVID-19 Prevention with OU Medicine
- Chuck Spicer, FACHE, OU Medicine, Inc. President & CEO
- Douglas A. Drevets, MD, DTM&H, FIDSA, Regnets Professor and Chair of Infectious Diseases at OU Health Sciences Center
- Discussion facilitated by Dan Mahoney, Vice President of Broadcasting and Corporate Communications.

OU Health Sciences Center and OU Medicine Community Virtual Town Hall – Wednesday, March 25, 2020
- As part of our ongoing commitment to give you real-time and accurate information about OU Medicine and OU Health Sciences Center’s community response to COVID-19, Jason Sanders, M.D., OU Health Sciences Center Senior Vice President and Provost and Vice Chair of OU Medicine Inc. and Chuck Spicer, FACHE, OU Medicine, Inc. President and CEO conducted a live streaming Virtual Town Hall.
# Chapter 4: Educational Resources

## Definitions & Abbreviations

<table>
<thead>
<tr>
<th>Terminology &amp; Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne Infection Isolation Room (AIIR)</td>
<td>Patient room used to isolate persons with a suspected/confirmed airborne infectious disease that has more air exchanges per hour than a negative air flow room.</td>
</tr>
<tr>
<td>Center for Disease Control and Prevention (CDC)</td>
<td>Major operating component of the Department of Health and Human Services to protect America from health, safety and security threats, both international and domestic.</td>
</tr>
<tr>
<td>Middle East Respiratory Syndrome (MERS)</td>
<td>Viral respiratory illness that was new to humans that was first reported in Saudi Arabia in 2012 and spread to other countries and the United State.</td>
</tr>
<tr>
<td>Negative Air Flow Room (NAFR)</td>
<td>Patient room used to isolate persons with a suspected/confirmed airborne infectious disease but has less air exchanges per hour than an airborne infection isolation room.</td>
</tr>
<tr>
<td>Oklahoma State Department of Health (OSDH)</td>
<td>State entity that is responsible for protecting and improving public health with a focus on preventing disease for those living in Oklahoma.</td>
</tr>
<tr>
<td>N95 Respirator</td>
<td>A respiratory protective device designed to fit close to the face and provides filtration of airborne particles.</td>
</tr>
<tr>
<td>Person Under Investigation (PUI)</td>
<td>Person who has met criteria to be tested for a high consequence infectious disease (HCID).</td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>Variety of barriers used in combination or alone to protect mucous membranes, skin and clothing from contact with infectious agents. PPE includes gloves, gowns, face masks, safety glasses and face shields.</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Viral respiratory illness caused by a coronavirus called (SARS-associated coronavirus (SARS-CoV) that was first reported in Asia in February 2003, with no reported cases in the world since 2004.</td>
</tr>
</tbody>
</table>
Definition of Terms Frequently Used

Added 03/24/2020

Q: What does it mean to conduct screening, swabbing and testing for COVID-19?

A: Screening is a series of questions asked to determine a person's risk for COVID-19. They include questions about symptoms, travel history in recent weeks, and exposure to someone who is confirmed to have COVID-19. After screening, the decision is made whether or not to do testing.

Swabbing means inserting a small stick with special material on the end (a swab) into a person’s nostril to collect cells for testing.

Testing means sending a patient’s nasal swab sample to a laboratory for analysis. By analyzing the cells from that swab, laboratory personnel can determine whether a person has COVID-19. For patients who have a productive cough (a cough that produces saliva and mucus), the Centers for Disease Control (CDC) recommends that healthcare professionals collect a sample of that saliva/mucus for additional testing.

Q: What does triage mean?

A: Triage means to sort people based on their need for immediate medical treatment. For example, an older person who is showing symptoms of respiratory illness would receive priority for treatment over a younger person showing symptoms of respiratory illness.

Q: What does “close contact” mean in the context of COVID-19 screening?

A: Close contact has two definitions in this context. One is being within approximately 6 feet of someone with COVID-19 for a prolonged period of time. Close contact can occur while living with, caring for, visiting, or sharing a healthcare waiting room with someone who has COVID-19.

Close contact also means being coughed on by someone with COVID-19.

Q: What does it mean to be at higher risk of severe illness from COVID-19?

A: The CDC currently defines high-risk as adults over age 65, and people of any age who have serious underlying medical conditions. Examples of serious underlying conditions include:

- People with chronic lung disease or moderate to severe asthma
- People who have heart disease with complications
- People who are immunocompromised, including having cancer treatment
- People with diabetes that is not well controlled
- People with renal failure
- People with liver disease
- People of any age with severe obesity (having a body mass index over 40)
Three Simple Steps to Prevention

Other Ways You Can Keep Yourself & Your Family Healthy

- Take everyday preventive actions to stay healthy.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Stay informed. CDC's COVID-19 Situation Summary will be updated regularly as information becomes available.
Recommendations for Illness Prevention

1. Avoid close contact with those who are sick.
2. Avoid touching your mouth, nose and eyes as germs are spread when a person touches a contaminated area.
3. Stay home from work, school, and errands when you have symptoms of illness.
4. Cover your nose and mouth with your elbow or tissue when coughing or sneezing as most respiratory illnesses are spread by unclean hands.
5. Clean and disinfect objects that are frequently touched with cleaning sprays or wipes.
6. Wash hands often with soap and water for at least 20 seconds, especially after using the restroom or use alcohol based sanitizer as an option if soap/water not available; before eating; and after coughing, sneezing or blowing your nose.

PROPER AND FREQUENT HAND HYGIENE IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION
Social Distancing

Practice Social Distancing.
What does this mean?

- Avoid non-essential travel
- Avoid places where large groups of people gather.
- Limit any gatherings that include high-risk individuals
- Stay at least 6 feet away from other individuals in public places.
- Work from home if you can.

To learn more about how to prevent the spread of COVID-19, please visit www.OUMedicine.com/COVID
Respiratory Symptoms and Travel History

Highly visible signage is available at portals of entry to OU Medicine to help patients and visitors with respiratory symptoms to self-isolate by applying a mask and using hand hygiene.

Signage is posted near access to masks and alcohol-based hand sanitizer. Patients should notify staff if they have recently traveled or if they have been exposed to someone who has been ill.

ATTENTION PATIENTS & VISITORS

If you have any of the following symptoms:

- Fever
- Cough
- Difficulty breathing

Please use hand sanitizer and put on a mask.

Have you traveled in the last 14 days?
Please tell the staff when and where you have traveled.

Visitation may be limited during this time and may be subject to symptom and/or temperature screening.

Thank you for your cooperation.
Links to COVID-19 Resources


Centers for Disease Control and Prevention (CDC). Cases in U.S.

Centers for Disease and Prevention (CDC). Coronavirus Disease 2019 (COVID-10)


Oklahoma State Department of Health (OSDH). Oklahoma Test Results.

OSDH - COVID-19 Call Center Information.

The Society for Healthcare Epidemiology of Ameria (SHEA). Novel Coronavirus 2019 Resources.
Appendix
A: AIIR and NAFR Inventory

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>TOTAL AIIR</th>
<th>TOTAL NAFR</th>
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<td><strong>OU Medical Center</strong></td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td><strong>The Children’s Hospital</strong></td>
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<td>12</td>
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<tr>
<td><strong>OU Medical Center Edmond</strong></td>
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<td><strong>TOTAL for OU Medicine</strong></td>
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<td>78</td>
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<td>LOCATION</td>
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<td>Negative Air Flow Room (NAFR)</td>
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<td>-----------------------------------------</td>
<td>-------------------------------</td>
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<td>Garrison Tower</td>
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<td>7th Floor</td>
<td>Rm # 7005</td>
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* Rooms Require Modifications

Total for OU Medical Center: 10  60
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<tr>
<th>LOCATION</th>
<th>Airborne Infection Isolation Room (AIIR)</th>
<th>Negative Air Flow Room (NAFR)</th>
<th>TOTAL AIIR</th>
<th>TOTAL NAFR</th>
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<tr>
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<td>Rm # 14 Rm # 15 Rm # 16 Rm # 17</td>
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<td>0</td>
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<td>8th Floor</td>
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<td><strong>TOTAL for the Children’s Hospital</strong></td>
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<tr>
<td>LOCATION</td>
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<td>Negative Air Flow Room (NAFR)</td>
<td>TOTAL AIIR</td>
<td>TOTAL NAFR</td>
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<td>--------------------------------</td>
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<td>------------</td>
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<td><strong>TOTAL for OU Medical Center Edmond</strong></td>
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<td><strong>0</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>
Appendix B: Visitor Screening Tool - English

VISITOR SCREENING

Please PRINT responses and complete the questionnaire below:

PATIENT
Last Name: ___________________________ First: ___________________________ Room #: ___________________________

VISITOR
Last Name: ___________________________ First: ___________________________ Today’s Date: ___________________________

DOB: ___________________________ Best Phone Number: (_____) ________________

(DD/MM/YYYY)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you traveled outside Oklahoma to a state or country with a high incidence of COVID-19 within the last 14 days? If yes, where: ___________________________</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>2. Have you had any of the following symptoms during the past 24 hours?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>□ Fever ≥ 100° F</td>
<td></td>
</tr>
<tr>
<td>□ Cough</td>
<td></td>
</tr>
<tr>
<td>□ Shortness of Breath</td>
<td></td>
</tr>
<tr>
<td>□ Body Aches</td>
<td></td>
</tr>
<tr>
<td>3. Have you been exposed to someone who is ill and traveled within the last 14 days?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>4. Have you had a known exposure to a person with suspected/confirmed COVID-19 (Coronavirus)?</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

If YES to question #2, #3, or #4: Visitor will NOT be allowed in the facility.
If YES to question #1 and NO to question #2, #3, AND #4: Visitor WILL be allowed in the facility.

Screener Name: ___________________________ Date: ___________________________ Time: ___________

PRINT NAME

03/18/2020 V5
**Appendix**
**C: Visitor Screening Tool – Spanish**

*(Available for download on COVID-19 Portal)*

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**EVALUACIÓN DE VISITANTES**

Por favor, escriba en letra de MOLDE las respuestas y complete el siguiente cuestionario:

<table>
<thead>
<tr>
<th>PACIENTE</th>
<th>Nombre</th>
<th>Cuarto#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido:</td>
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<table>
<thead>
<tr>
<th>VISITANTE</th>
<th>Nombre</th>
<th>Fecha de Hoy</th>
</tr>
</thead>
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<tr>
<td>Apellido:</td>
<td></td>
<td></td>
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<td>Fecha de Nacimiento:</td>
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<table>
<thead>
<tr>
<th>Preguntas</th>
<th>Respuesta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Usted ha viajado fuera de Oklahoma a otro estado u otro país con alta incidencia de COVID-19 en los últimos 14 días?</td>
<td>□ Sí □ NO</td>
</tr>
<tr>
<td>En caso que responder sí, dónde:</td>
<td></td>
</tr>
<tr>
<td>2. ¿Usted ha tenido alguno de los siguientes síntomas durante las últimas 24 horas?</td>
<td>□ Sí □ NO</td>
</tr>
<tr>
<td>Fibre ≥ 100° F</td>
<td>□ Sí □ NO</td>
</tr>
<tr>
<td>Dificultad para respirar</td>
<td>□ Sí □ NO</td>
</tr>
<tr>
<td>Dolor en el cuerpo</td>
<td></td>
</tr>
<tr>
<td>3. ¿Usted ha estado expuesto/a a alguien que está enfermo y haya viajado en los últimos 14 días?</td>
<td>□ Sí □ NO</td>
</tr>
<tr>
<td>4. ¿Ha estado expuesto/a a una persona conocida con sospecha/confirmda de COVID-19 (Coronavirus)?</td>
<td>□ Sí □ NO</td>
</tr>
</tbody>
</table>

En caso de responder Sí a la pregunta #2, #3, o #4: al visitante NO se le permitirá la entrada a la instalación.
Si respondió que Sí a las preguntas #1 y NO a la pregunta #2, #3, Y #4: al visitante se le PERMITIRÁ la entrada en la instalación.

Nombre del evaluador: ___________________________ Fecha: _________________ Hora: ______

NOMBRE LETRA DE MOLDE

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References


