Coronavirus 2019 (COVID-19)

Toolkit

Tuesday,
April 7, 2020
Version 33
# TOOLKIT REVISIONS

## Revisions in Version 33

<table>
<thead>
<tr>
<th>Updated</th>
<th>Revision</th>
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<tbody>
<tr>
<td>4.13.03</td>
<td>Adult COVID-19 Admission Orders</td>
</tr>
<tr>
<td>4.21.03</td>
<td>Change in RSI Kits (only applies to OU Medical Center)</td>
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<td>4.31</td>
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## Revisions in Version 32.1

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<tr>
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<tr>
<td>v.i</td>
<td>OUMC Cafeteria &amp; Lawson Dining Areas</td>
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<td>COVID-19 Testing Strategy</td>
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<td>3.4</td>
<td>Specimen Collection from Patient with Tracheostomy: Images added</td>
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<td><strong>NEW:</strong></td>
<td>3.11 – COVID-19 Testing Prioritization</td>
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<td>Interim Guidance for Management in Adults.</td>
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<td>4.51.02 – Management of Adult Patients Workflow</td>
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<td>9.2 Links to OU Medicine Videos</td>
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<tr>
<td><strong>NEW:</strong></td>
<td>10.31 – Telecommunication &amp; Telehealth</td>
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## Revisions in Version 32.0

| Moved Table of Contents to after Toolkit Revisions Page for faster access for staff |
| **NEW:**| 4.21.03 – Change to Rapid Sequence Intubation (RSI) Kits |
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.
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## OU MEDICINE’S PREPAREDNESS GUIDE

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## PATIENTS, VISITORS & VENDORS

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OU MEDICINE’S 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 should be sent to Dan Raiden by email: dan.raiden@oumedicine.com
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?
### PATIENTS, VISITORS & VENDORS

#### i. Patient & Visitor Entrances

03/28/2020

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>Open 24/7</td>
</tr>
<tr>
<td>P1 Skywalk Entrance</td>
<td>Open 0600 - 1900</td>
</tr>
<tr>
<td>Outpatient Surgery Lobby</td>
<td>Open 0430 - 1900</td>
</tr>
</tbody>
</table>

**Presbyterian Office Building (OUMC Clinics)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST Floor – North Entrance</td>
<td>Open 0600 - 1800</td>
</tr>
</tbody>
</table>

**The Children’s Hospital**

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Atrium</td>
<td>Open 24/7</td>
</tr>
<tr>
<td>North Emergency Room Entrance</td>
<td>Open 24/7</td>
</tr>
<tr>
<td>Skywalk – 3rd Floor</td>
<td>Open 24/7</td>
</tr>
</tbody>
</table>

**Stephenson Cancer Center**

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Entrance from Valet and from Garage</td>
<td>Open 0700 - 1800</td>
</tr>
</tbody>
</table>

**OU Medical Center Edmond**

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>Open 24/7</td>
</tr>
<tr>
<td>ACU Entrance – east side of the hospital</td>
<td>Open 0500 - 1200</td>
</tr>
</tbody>
</table>
Patients, Visitors & Vendors (Continued)

ii. OU Medicine Visitation Policy

03/23/2020

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.
iii. OU Medical Center Facility Access Policy

04/01/2020

Facility Access Policy and Process

**Visitors**

**Policy:**
- NO visitors for adult patients.
- 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, then to hospital president.

**Process:**
1) Pre-approved visitor requests will be sent to Security Stations daily.
2) For visitors presenting for entry who are not on the list, Security request permission for entry from the following contact:

<table>
<thead>
<tr>
<th>Week of (Start 0700)</th>
<th>For admitted patients</th>
<th>For Outpatient visit/PROCEDURE</th>
<th>Outpatient Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-Mar</td>
<td>Mary Jo Burton 405-543-7488</td>
<td>Bryan Alexander 405-406-6144</td>
<td></td>
</tr>
<tr>
<td>30-Mar</td>
<td>Michael Swenson 206-914-4471</td>
<td>Amber Bradford 405-417-1963</td>
<td></td>
</tr>
<tr>
<td>6-Apr</td>
<td>Robyn Little 405-543-3916</td>
<td>Sean Whip 405-593-6183</td>
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</tr>
<tr>
<td>13-Apr</td>
<td>AoAnna Brown 405-417-6338</td>
<td>Jennifer Wolfel 405-246-6697</td>
<td></td>
</tr>
<tr>
<td>20-Apr</td>
<td>Mary Jo Burton 405-543-7488</td>
<td>Peggy Powell 405-250-7649</td>
<td></td>
</tr>
<tr>
<td>27-Apr</td>
<td>Greg Lewis 405-636-2869</td>
<td>Burton Edith 405-517-4291</td>
<td></td>
</tr>
</tbody>
</table>

Contact will confirm approval through hospital president and communicate decision to Security station.

3) For approved visitors—An OUMC employee will meet visitor to escort
   - Complete visitor screening tool and evaluate for appropriateness of entry
   - Keep all screening tool forms
   - Secure a red wristband to visitor WRITE DATE on band

**Visitor Entrances**
- Emergency Department: 0900-2359 Sun-Sat
- Outpatient Surgery Lobby: 0930-1900 Sun-Sat
- Skywalk 1st Floor: 0900-1900 Sun-Sat
- OUMC Clinic 1st Rose North: 0900-1800 Mon-Fri

On-site supervisor for Elite Protection has access to check-in station supplies and storage for station equipment for open/close.

**Vendors**

**Policy:**
- Vendors must be pre-approved to receive access.
- Approved list is updated daily.

**Process:**
1) Security at the Outpatient Surgery Lobby screening location will receive a list each day of pre-approved vendors.
2) Validate vendor (by name and company) for access.
3) Complete visitor screening tool
   - Review for appropriateness of entry
   - Keep all screening tool forms
4) If allowed entry, secure a red wristband to vendor and WRITE DATE on band
5) Reminder vendor:
   - Keep wristband on while in hospital
   - Practice social distancing (at least 6 feet from another person)
   - Conduct business quickly to minimize contact.

**Exceptions:**
- Add-on requests or requests for emergency access will be approved by hospital President.
- Communication to Security will be provided by:
  - Bobby Ryan (days)
  - Clinical Coordinator (nights)

**Vendor Entrances**
- Outpatient Surgery Lobby: ONLY VENDOR ENTRANCE
- Emergency Department: For emergent need entry only (Saturdays/Sundays)
- Leading Dock Entrance: Funeral home personnel—accompanied by Chaplain

Created: 03.31.20 rev 3.24.20
OU Medical Center Facility Access Policy (Continued)

Facility Access Policy and Process

**Employees**

**POLICY:**
- Employees should have badge on person and visible at all times.

**PROCESS:**
1. Validate employee by employee ID badge.
2. No screening required.

**EXCEPTIONS:**
- If employee forgets badge:
  1. View a photo ID to validate name to face.
  2. Ask which department the employee works in.
  3. Call the page operator and ask to speak to supervisor of the employee's department.
  4. Validate with supervisor, this person is an employee.

**Students and Faculty**

**POLICY:**
- Students practicing clinical rotations in the hospital and their on-site faculty advisors should be in uniform and display student ID badge.

**PROCESS to gain entry:**
1. Student/Faculty must be wearing school-designated uniform (typically scrubs with logo, or lab coat with logo).
2. Student/Faculty must be wearing school/student ID badge.
3. Student/Faculty must complete Visitor Screening Tool.
   - Review for appropriateness of entry.
   - Keep all screening tool forms.
4. Student/Faculty completes visitor log information.

**EXCEPTIONS:**
- None.

**PATIENTS:**
- **ENTRY:** Patients (name should be listed for outpatient visit). If person is stating he/she has a procedure, surgery or clinic, (radiology, etc.) visit and they are NOT listed, contact Registration.
- **EXIT:** Kindly ask the patient (expenses in hospital gown). We are diligently working to address the public health issue of COVID-19. It is important they remain in the hospital, and in their room.
- If patient appears to proceed outside, educate the patient. Due to the public health issue, if you choose to leave the hospital, you are at risk of being discharged against medical advice (AMA).

**RESOURCES:**
- Clinical Coordinator: 405-417-9918
- Admitting/Registration: 405-273-3130
- Page Operator: 405-273-4703 (use to contact AOC or a department supervisor for employee verification exception)

On-site supervisor for Title Protection has access to check-in station supplies and storage for station equipment for quick close.

Created 03.19.20
iv. TCH Patient & Visitor Policy

03/25/2020

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.
- Visitors will be asked to fill out the screening 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)

v. Facility Cafeterias
   v.i OUMC Cafeteria and Lawson Dining Areas.

04/06/2020

Both OUMC Cafeteria Dining and Lawson Dining Areas have been reopened with social distancing guidelines. These larger, more open areas allow staff and physicians to take breaks beyond the smaller confines of unite breakrooms and lounges where social distancing is more difficult. These areas are monitored to ensure table/seating arrangements are in compliance with local government policy and are optimal for the current circumstances.

- 1 chair/table are set 6-feet apart.
- Food and Nutrition Services (FNS) will have an attendant wiping tables and checking chair placement.
- Do not move tables or chairs from the designated locations.

Thank you for your continued cooperation and flexibility as we meet these challenges together.

OUMC Cafeteria Dining

Lawson Dining Area
Need Groceries? We’ve got you covered!

<table>
<thead>
<tr>
<th>Meal Kit</th>
<th>Price</th>
<th>Ingredients</th>
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<tbody>
<tr>
<td>Spaghetti &amp; Meatballs Meal Kit</td>
<td>$5.39</td>
<td>16 cooked Meatballs, 1lb. Spaghetti Noodles, Spaghetti Sauce, 4 Slices Texas Toast, ¼ lb. Butter</td>
</tr>
<tr>
<td>Loaded Baked Potato Meal Kit</td>
<td>$6.19</td>
<td>4 Baking Potatoes, 4 packets Sour Cream, ¼ lb. butter, 2 Green Onions, 6oz. Shredded Cheddar Cheese, 6oz. Bacon Bits</td>
</tr>
<tr>
<td>Hotdog Meal Kit</td>
<td>$6.19</td>
<td>4 All Beef Hotdogs, 4 Hotdog buns, 4 1.5oz. bags Lays Potato Chips, 1 whole Onion, 4 packets each Ketchup / Mustard / Relish</td>
</tr>
<tr>
<td>Grilled Cheese and Tomato Soup Kit</td>
<td>$9.69</td>
<td>1 50oz. Can Tomato Soup, 1 loaf Texas Toast, 1.25lb. sliced Cheddar cheese, ¼ lb. Butter</td>
</tr>
<tr>
<td>Chicken Caesar Salad Meal Kit</td>
<td>$11.49</td>
<td>1 Bag Chopped Romaine Lettuce, 4 Cooked Chicken Breasts, 4 Packets Caesar Salad Dressing, 4 Packets of Croutons, 6oz Parmesan Cheese</td>
</tr>
<tr>
<td>Burger Meal Kit</td>
<td>$10.59</td>
<td>4 ¾ lb. Cooked Hamburger Patties, 4 Hamburger Buns, 4 slices Cheddar Cheese, 8 lettuce leaves, 1 whole tomato, Pickle slices, 4 Packets each Ketchup/Mustard/Mayo</td>
</tr>
</tbody>
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Individual Rolls of Toilet Paper $0.89

Personal Care items also available at the register
Will temporarily stop serving meals in the cafeteria beginning April 1, 2020. Staff and physician lounge refrigerators will be stocked three times daily with boxed meals for staff and providers to enjoy. To increase or decrease the number of boxed meals delivered to staff areas, please contact FANS at 405-359-5501. Patients will continue to order food through the room service hotline and will not be impacted by this change.
vi. Vendors
   vi.i Letter to Vendors

04/01/2020
Dear Vendors,

OU Medicine is committed to the health of our patients, our staff and physicians, and our community. In order to support that, and in alignment with CDC and State Board of Health recommendations, OU Medicine hospitals is immediately restricting the visitation rights of our vendor community until further notice. All vendors will be restricted from access to OU Medicine locations and must use the entrances noted below:

- OU Medical Center, including Professional Presbyterian Office Building
  - Entrance is restricted to the South Operations Entrance
- The Children’s Hospital
  - Entrance is restricted to the Dock Location
- OU Medical Center Edmond
  - Emergency Department Entrance
- OU Medicine – Surgery Center
- Breast Health Network clinics
  - Front entrance of each clinic

- All vendors must be pre-approved to gain access into these locations.
- Approved vendors will be placed on an access list and must check-in each day and must wear a vendor access sticker in order to remain in the building.
- Approved vendors will be contacted by OUM Medicine. Vendor access is subject to change.
- Please utilize remote options to contact and connect with your key clinical and business contacts to continue your engagement with OU Medicine.

We appreciate your support and commitment to this new policy. If you have any questions, contact the Supply Chain department at 405-271-4003.
OU Medicine COVID-19 Vendor Visitation Algorithm

Vendor Definition

**Vendor with OU Medicine ID (Badge)**

- Access: Access
- Comments: 1. E.g., Sodexo, Crothall, Premier Parking employees
  2. These vendors & vendor personnel have the same access rights as OU Medicine employees. Personnel must display OU Medicine ID at all times.

**Construction & Delivery Personnel**

- Access: Limited
- Comments: 1. Construction Personnel - e.g., Turner/MRS employees
  2. Delivery Personnel – e.g., Sysco, Linen King, UPS, FedEx
  3. These vendors & vendor personnel are able to access appropriate construction zones & delivery docks and immediate surrounding areas – Supply Chain, Food & Nutrition, Linen

**All Other Vendors**

- Access: No Access
- Comments: 1. Most vendors will be restricted from access to any OU Medicine building where clinical activity is present. These include: OU Medical Center, The Children’s Hospital, OUMC-Edmond, Surgery Center

**Limited**

- Comments: 1. Business visitors to OU Medicine Executive Offices - 11th Floor Children’s Hospital – these visitors will be restricted to travel between 2nd Floor Valet Parking and 11th Floor offices
  2. Exceptions will be granted for Business or Clinical reasons. Departments will contact vendor to provide exception.
    1. Upon each visit, vendor will be subject to visitor screening procedures and will log into and utilize RepTrax to track on-site access
ACUTE CARE
1.0 - Infection Prevention

1.1 – When to contact the Infection Prevention Nurse

03/30/2020

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, then 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, Appropriate Mask and Protective Eyewear
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.
   b. Wipe exterior of the bags with bleach wipes prior to sending.
1.2 – Updated Centralized Reporting of Positive Patients through RL Solutions

04/02/2020

Updated Centralized Risk Services Reporting through RL Solutions

OUMC, OUM Edmond, and The Children’s Hospital have identified one dedicated reporting team for reporting COVID-19 positive findings in in-patient care areas. These individuals are responsible for entering related information into RL Solutions as the organization’s centralized repository.

Unless you are on this team, you do not need to report positive patients to RL Solutions UNLESS there is an associated risk event unrelated to the positive status (for example, a COVID-19 positive patient experiences a risk event you would normally report to Risk Services through RL Solutions.)

OU Physicians Clinic Managers - You are responsible for logging all positive findings for patients in the OUP ambulatory settings into RL Solutions.

OUP and OUM Employees and Supervisors - You will continue to be responsible for entering your own employees' health events related to potential or actual COVID-19 exposure.

Managers and Directors - You will not need to enter follow up to close these reports as you would a normal risk event report. Risk Services is doing this for these event types and will be adding in relevant demographic and other information from the medical record as needed. Risk Services will contact you directly for follow up related to any events concerning failure to follow safety protocol, re-education needed, or to upload your Staff Logs for positive patients.

OUP and OUM patients with pending COVID-19 results do NOT need to be entered into RL Solutions.

Reporting Details:
Positive COVID-19 patients in the hospital setting:

An OUM Tracking team has been designated to review a centralized patient list to track pending, detected and not detected COVID-19 patients that were tested within OU Medicine.

1. All positive results will be reported in RL Solutions by the OUM Tracking team
   a. Please select:
      - INFECTION CONTROL (General Event Type)
        o COVID-19 (Specific Event Type).
1.2 – Updated Centralized Risk Services Reporting of Positive Patients through RL Solutions (Continued)

b. Risk Services will add additional demographic and other information from the medical record and monitor.

c. Risk Services will be available to assist with uploading any additional documents to the RL file as needed. You can call Risk Services at 271-1800 or scan/email them directly to oupoumriskmanagement@ouhsc.edu

Unit/Department Leaders will be notified of any positive patient within their units by the OUM Tracking team.

2. All employees who may have been exposed to the COVID-19 positive patient through patient care or otherwise will be reported in RL Solutions by the Unit/Department Leader.

a. Please select:
   - EMPLOYEE INJURY/EVENT (General Event Type)
     o COVID-19 (Specific Event Type).

Positive COVID-19 Patients in the OUP ambulatory setting:

1. All positive results, including those patients who self-report with a positive COVID-19 finding, will be reported in RL Solutions by the Clinic Manager

a. Please select:
   - INFECTION CONTROL (General Event Type)
     o COVID-19 (Specific Event Type)

b. Risk Services will add additional demographic and other information from the medical record and monitor.

2. All employees who may have been exposed to the COVID-19 positive patient through patient care or otherwise will be reported in RL Solutions by the Clinic Manager.

a. Please select:
   - EMPLOYEE INJURY/EVENT (General Event Type)
     o COVID-19 (Specific Event Type).

OUP and OUM PUIs and those who test negative for COVID-19 do NOT need to be entered into RL Solutions.

OUP-OUM Risk Services is staffed 24/7. Please call 271-1800 anytime for assistance with reporting, risk events or other needs.
1.3 – Personal Protective Equipment (PPE)

03/23/2020

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

Click here for PAPR Donning & PAPR Doffing Videos.

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Prescription Eye Glasses alone are NOT adequate eye protection!

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03/19/2020

ANY Staff of Provider in direct patient care with a suspected/confirmed COVID-19 patient can receive just-in-time (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.
## 1.31 – Masking Guidance

04/04/2020

### Internal Hospital Masking Guidance – 04/04/2020

<table>
<thead>
<tr>
<th>Nonmedical Grade Facemask</th>
<th>KN-95 or Surgical Masks</th>
<th>N95 Masks</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Nonmedical Grade Facemask" /></td>
<td><img src="image2" alt="KN-95 or Surgical Masks" /></td>
<td><img src="image3" alt="N95 Masks" /></td>
</tr>
</tbody>
</table>

- **Patients arriving for outpatient appointments**
- **Visitors (Only at TCH – 1 per patient)**
- **Vendors**
- **DOC Guards/ Elite Protection**
- **Administrative Staff**
- **Security HUCs**
- **Facilities**
- **Supply Chain**
- **IT/RIS**
- **Volunteer Team**
- **Café Workers**
- **BandFirst Employees**
- **Admitting (in department)**
- **Financial Counselors**
- **NUR Techs**
- **Pharmacy (in department)**

- **When caring for any patient, regardless of COVID-19 status**
- **Any hospitalized patient when outside the patient’s room**
- **Visitor Screening Desk Team**
- **EVS**
- **Food & Nutrition (tray runners)**
- **Transport**
- **Lab**
- **Child Life Specialists**
- **Admitting (if on floor or with visitors)**
- **Chaplains**
- **Pharmacy (on units)**

- **When caring for Suspected/Confirmed COVID-19 Patient on a ventilator**
- **Aerosolizing Procedures (Can also use PAPR)**
  - Nebulizer
  - High Flow Oxygen
  - Nasotracheal suctioning
  - NP Specimen
  - Non-Invasive Ventilation
    - BIPAP/CAPAP
  - Bronchoscopy
  - Intubation/Extubation
  - CPR
- **Respiratory Therapist (RT) may wear an over-mask to extend the use of the N95 mask through the entire shift.**
- **Staff in ED and clinical areas (where suspected/confirmed COVID-19 patients are on ventilators) may wear N95 during the entire shift.**

---

**Important note: Continue all PPE Conservation Practices**
- The intent of this guidance is to ensure that every person in the facility wears a mask.

04/04/2020 – V14.1
### 1.31 – Internal Hospital Masking Guidance (Continued)

<table>
<thead>
<tr>
<th>Laundering of Nonmedical Grade Masks</th>
<th>Guidance on N95 Respirators</th>
</tr>
</thead>
</table>
| Nonmedical Grade Masks are allowed to be brought from home for employees/contractors that work in NON-PATIENT CARE areas.  
  - Wash mask every day with detergent in HOT water, on delicate cycle  
  - Put in dryer on delicate  
  - Inspect mask afterwards for any issues with elastic. | • Continuous wear of an N95 mask is preferred.  
  • **REUSE** of N95 Respirator may occur if the following conditions are met:  
    - Mask is not soiled  
    - Mask still seals  
    - Bands are NOT loose  
    - Mask is NOT hard to breathe through.  
  • **DISCARD** any N95 Respirator that has been:  
    - Used during an aerosolizing procedure  
    - Damaged  
    - Does not seal  
    - Does NOT apply RT's using an over-mask with the N95  
  • Store respirators between uses so that they do not become damaged or deformed.  
  • Employees may be allowed to bring N95-type masks from home if hospital-issued masks are not available. |

**Important note:** Continue all PPE Conservation Practices.  
- The intent of this guidance is to ensure that every person in the facility wears a mask.
1.32 - PAPR Protocol

03/27/2020

Donning
1. Hand hygiene
2. Don PAPR belt
3. Don yellow gown
4. Connect hose from belt to PAPR hood
5. Don PAPR hood, tucking the internal hood bib into the yellow gown
6. Don gloves

Doffing
1. Hand hygiene
2. Doff gown/gloves in room using the hands-crossed technique (practice already in place), ensuring you are reaching under the outer hood bib
3. Hand hygiene
4. Exit room
5. Doff belt and hose with the assistance of doffing partner wearing gloves and place in red biohazard bag for disinfecting
6. Hand hygiene if needed. Belt connection should have been protected by yellow gown if donned appropriately
7. Doffing partner, wearing gloves and will have a biohazard bag, will assist with doffing hood
8. Hand hygiene

Doffing partner or designated person will wipe down belt, hose and hood with PDI bleach wipes. Set to dry for five minutes.

Caveats and considerations

- When donning, keep airflow to the PAPR fans when tying yellow gowns to avoid impeding airflow to PAPR belts. Smaller persons may do best with a loosely tied gown or placing the PAPR belt outside the gown. If placing belt outside of yellow gown, the doffing process will need to be re-evaluated
- Inspect hoods for integrity prior to re-use. The PDI bleach wipes are a little stronger than recommended. It is stated by 3M and PDI that with proper inspection after each use, these are currently the best option
- Inspect plastic face shield for cracks
- Inspect for any fraying on the base of the hoods
- Inspect for general wear on hoods, giving special attention to seams to make sure there are no breaches
- The practice of placing PPE in a red bag for transport to a nearby and acceptable location for disinfection was evaluated in some areas when training. This practice is recommended if a designated area was not identified during recent training
### Understanding the Difference

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

03/10/2020

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
1.35 – Sequence for Removing (Doffing) PPE

03/10/2020

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
1.36 – Placement & Removal of N95

03/09/2020

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:
   a. 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
1.4 – PPE Conservation

1.40.01 – Update on PPE Conservation

03/31/2020

**Guidelines for extension/reuse of N95 masks and protective eyewear**

To prevent a shortage or exhaust our supply of facemasks, respirators and eye protection and to ensure that our staff have access to the necessary supplies to perform patient care safely, we have updated our extended use/reuse protocol for N95 masks and protective eyewear. The main principles are:

- **Disposable N95 respirators** worn for COVID-19 PUIs may be re-used for multiple shifts or worn for extended use as long as they were not worn during an aerosol-generating procedure or have reached the end of their use due to damage, moisture from sweat or insensible fluid loss through breathing.

- N95 masks are for single users only, no sharing.

- Label the N95 respirator and paper storage bag with the user’s name before using to prevent reuse by another individual. Write name, unit and date on mask where straps are attached or on elastic straps of N95 mask.

- Write dates and times used on the bag to track overall use.

- A disposable facemask (surgical mask) or N95 respirator can be worn for several hours if not wet or distorted, and not touched while delivering patient care.

- For N95 respirators, be sure to perform a seal check each time you put the respirator on. If the seal check fails, discard the respirator and obtain a new one.

- We will begin disinfecting N95 masks. More to come about this process.

- Protective eyewear can be reused for multiple shifts as well. Store in the paper bag with the user’s name on it, after decontaminating using soap, water and friction.

- **Storage of the protective gear should look like the pictures.** (Mask straps around handle of bag). Bag should remain open to allow for air flow.

- Be alert for more guidance. As more options become available, guidance will change. Rest assured that a team is working to ensure that the best decisions are being made for the health and safety of our staff.

- For more detailed information or information on PAPRs, visit the full extended use/reuse guidance in the COVID-19 toolkit or on the shared resources portal.

1.41 – Extended & Limited Reuse of Disposable Facemasks, Respirators & Protective Eyewear
1.41.01 – 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

1.41.02 – 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.

1.41.03 – Definitions
1. **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.
2. 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.

1.41.04 – Guiding Principles

1. **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.

2. 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.
1.41.05 – 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.

**ALWAYS**

Check the Seal & Integrity of the N95 Mask **PRIOR** to applying.
1.41.06 – 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.

1.41.07 – Limited Reuse of Disposable N95

- 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.

1.41.08 – 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).
1.41.09 – 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.

1.41.10 – 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.
1.41.11 – 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.

1.41.12 – 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.
1.41.13 – 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.

1.41.14 – 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.
1.41.15 – Storage Bag Examples

References:


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

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.
1.43 – Food Delivery: Food & Nutrition Services

03/30/30

- In further effort to conserve PPE, Food and Nutrition Staff members delivering trays have been instructed NOT to deliver trays to rooms of patients on Contact, C diff, or Droplet Precautions.
- They already do not deliver to Airborne, COVID-19, or COVID-19 PUIs. Instead, FNS will deliver trays to the nurses’ station of patients under these precautions.
2.0 – Patient Screening Workflows

2.1 – ED, Transfer Center & OB Triage

03/16/2020
2.2 – OUMC ED Triage (Tier ONE) Response Workflow

03/28/2020
2.3 – OUMC ED – EMS Triage (Tier ONE) Response Workflow

03/28/2020
2.4 - Staff Log for Entry into Patient Room

03/30/2020

- 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 the completed log should be MAINTAINED ON THE UNIT.
- Employee Health, Infection Prevention, Risk Services, or Incident Command will reach out to units to obtain as needed.
- This document is available for download on eDemand.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time Log Started:</th>
<th>Unit Name:</th>
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**Definition:** ANYONE who enters the treatment area or handles potentially infectious materials MUST sign the log (per patient).

1. Each day, ALL STAFF should check-in at the nurses' station to be added to the log PRIOR to entering the patient's room.
2. Limit the number of staff caring for the patient if at all possible to decrease exposure.
3. Students/Trainees should NOT be caring for PUI/COVID-19 patients.
4. A new log should be started at 0700 each morning.

<table>
<thead>
<tr>
<th>PERSON IDENTIFICATION TREATMENT AREA</th>
<th>EXPOSURE DURATION</th>
<th>NAME OF STAFF</th>
<th>NAME OF WORKER Attending Patient</th>
<th>NAME OF WORKER Attending Patient</th>
<th>PPE Worn</th>
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Effective 3/28/20, completed log should be MAINTAINED ON THE UNIT. Employee Health, Infection Prevention, Risk Services, or Incident Command will reach out to units to obtain as needed.

rev. 3/27/20 – V3
3.0 – Laboratory

3.1 – COVID-19 Testing Strategy

04/06/2020

The OU Medicine Virology Lab now offers molecular testing for COVID-19. Capacity is limited, so in-house testing is reserved for:

1. Admitted patients with suspected COVID-19
2. OU Medicine and OU Physicians employees working in essential patient care roles
3. Pre-operative cases where testing will change operative management

When ordering, please indicate if one of these criteria is met.

For now, all other specimens will be sent to a reference lab.

Specimen Collection

1. Collect one nasopharyngeal swab in Universal or Viral Transport Media (preferred) or saline 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 (Reference Lab Only)

2. If applicable, collect lower respiratory tract specimens (sputum, bronchoalveolar lavage) in a sterile, leak-proof, screw-cap collection cup.
   - Induced sputum specimens are NOT recommended.

Specimen Submission and Ordering

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. Choose “COVID19 REF”.
   b. Please indicate if criteria for in-house testing (above) apply.

For admitted patients only: Notify OU Medicine Infection Prevention.
Downtown: through page operator (271-5656)
Edmond: 405-312-9362; after hours, search Smart Web for “infection preventionists”

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.
   - Leaking specimens will be rejected. Take care to make sure all containers are closed correctly.
3.1 – COVID-19 Testing Strategy (Continued)

Resulting

- Turnaround times
  - OU Medicine Virology Lab: <24 hours (performed daily from 7 am to 7 pm)
  - Reference Lab: 18–36+ hours
- The OU Lab will communicate all results to Infection Prevention and OSDH, as needed.
- In-house results are available in Meditech under Microbiology Data. Referral results are available under Laboratory Data.
- In-house positive results will be called to ordering providers. As such, please avoid calling the OU Medicine Lab for results, as unnecessary communication consumes staff effort.

OU Medicine Lab COVID-19 Test
Simplexa COVID-19 Direct (DiaSorin Molecular)

Method: real-time RT-PCR

Targets: S gene and ORF1ab

Limitations: A Not Detected result does not preclude the possibility of SARS-CoV-2 infection since the adequacy of sample collection and/or low viral burden may result in the presence of vial nucleic acids levels below the analytical sensitivity of this test method. Test results should be used along with other clinical and laboratory data in making a diagnosis of SARS-CoV-2 infection.

This test has received FDA Emergency Use Authorization and has been verified by the OUM Virology Laboratory.

Notes

- 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.
- We expect to ramp up testing capacity for the detection of COVID-19 by deploying additional commercial assays. Also, development of the OMRF/OUHSC/OU Medicine high-throughput molecular test continues.

Questions? Please contact the OU Medicine Microbiology Lab at 271-4006 and ask for the COVID Coordinator.
3.11 – COVID-19 Testing Prioritization

04/06/2020

**COVID-19 Testing Prioritization at OU Medicine**

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Testing Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted Patient</td>
<td>In-house</td>
</tr>
<tr>
<td>ED patients to be sent home</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>OUM Clinic patients to be sent home</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>OUP Clinic patients to be sent home</td>
<td>Reference Lab</td>
</tr>
<tr>
<td>Employee – needed on campus for critical staffing</td>
<td>In-house</td>
</tr>
<tr>
<td>Employee – can work remotely</td>
<td>Reference Lab</td>
</tr>
</tbody>
</table>

Specimens sent to the reference lab are picked up once a day.

Prior to specimen pick-up, pathology department physicians will review patient’s charts and retain any specimens for patients that were admitted. Those specimens will be tested in-house.
3.2 – Specimen Collection & Labeling

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 2nd PURPLE biohazard zip lock bag.
   O. Wipe outside bag with a bleach wipe.
   P. Doff gloves and perform hand hygiene.
3.2 – Specimen Collection & Labeling (Continued)

Call Micro Lab at x14006 BEFORE SENDING specimens to lab via 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
## 3.3 – OU Physicians Lab Options for COVID-19 Testing

### COVID-19 Testing Lab Options

#### OCCHD

**Confidential testing site. DO NOT SHARE INFO.**

**Testing Requirements:** Febrile (100.4 >) and symptoms of acute respiratory illness (e.g. cough, difficulty breathing) AND (AT LEAST ONE OF THE FOLLOWING)
- ≥65 years
- Immunocompromised or receiving immunosuppressive medications
- Healthcare worker with above symptoms and/or exposed to a known COVID-19 positive person

**Testing Process:** Complete referral on OU Physicians letterhead with the following information:
- Patient name, DOB, Patient Phone Number
- Language such as: “This person has met criteria for COVID-19 Swab collection”
- Provider’s signature, Printed Name, Phone number and Fax# of provider for test results

- Fax referral to 405-419-4222
- OCCHD staff will contact patient with appointment time, location and password to enter testing location.
- Patient will be instructed to stay home and await notification from provider of lab results.
- Positive results will be called to ordering providers.

#### OUIMI lab OSDH Public Health Lab

**Test Code:** COVID19 OSDH

**OUMI Microbiology Lab ext 4006 ask for COVID Coordinator**

**Testing Requirements:** prioritized for hospitalized patients and those at high risk for poor outcomes:
- ≥65 years
- Immunocompromised or receiving immunosuppressive medications
- Chronic medical conditions (e.g. diabetes, heart disease, chronic lung disease, chronic kidney disease)
- Suspected outbreak of COVID-19 in associated individuals with recent onset of similar symptoms
  - Contact OSDH Acute Disease Service at (405) 271-4080 to report suspected outbreaks.
- Suspected COVID-19 with a high-risk exposure setting such as a long-term care facility

**Testing Process:**
- one nasopharyngeal swab in Universal or Viral Transport Media using a flocked swab
- DO NOT collect an oropharyngeal swab. DO NOT use microbiology culture swabs. (will be rejected)
- Clearly mark specimen as “PUI/Confirmed COVID-19” and double bag in biohazard bags
- Do NOT transport specimens on ice.
- Complete the PUI case report form. OU Lab will complete the OSDH Public Health test requisition for you.

#### Lab Corp Test Code 13990

**OUMI Ref Lab: COVID19REF**

**Courier through OUMI, result in EMR**

**Supply order# 24674 and 93307**

**Testing Requirements:** please use OU Physicians testing guidelines

**Testing Process:**
- Nasopharyngeal(NP)
- Refrigerate until pick up. Must be processed within 72 hrs

#### OU Physicians Family Medicine Respiratory Clinic

**Testing Requirements:** Established OUP patients screened by Credentialied provider/RN at building entrance or Credentialied provider via Tele-Health or Virtual visit.
- See [OU Physicians referral to Family Med Respiratory clinic workflow documents](#)

**Testing Process:** Provider to call 271-4311 ext 39188 to schedule with PSR or 271-4311 ext 31911 to speak to triage nurse for same or next day care.

#### OU Physicians Employee Health

**Testing supplies currently very limited**

**Testing Requirements:** Symptomatic Employees who provide direct patient care

**Testing Process:** provider email [employee-health@ouhsc.edu](mailto:employee-health@ouhsc.edu) to arrange assessment and testing
3.4 – Specimen Collection from Patient with Tracheostomy

04/04/2020

Individuals with pre-existing tracheostomies have altered anatomy and may have two potential sites of colonization/infection with the novel coronavirus that may be isolated from each other:

- **Nasopharyngeal (NP) colonization** - even if no airflow is occurring through the nose, hand contamination and face-touching could lead to contamination at the anterior nasal surface and mucociliary transport could result in NP colonization.
- **Tracheal colonization** - the stoma could become colonized through either hand contamination/touching, as is required during phonation and routine trach care, or from aerosolized exposure should they be close to an individual carrying the virus who sneezes or coughs.

For initial diagnostic testing for COVID-19, CDC recommends collecting:

- Upper respiratory tract specimens (nasopharyngeal swab)
- Lower respiratory tract specimens (tracheal swab)

**Points for consideration:**

- NP swabs may be collected in standard fashion.
- Full PPE should be worn while collecting tracheal swabs (N95 respirator, gown, gloves, and protective eyewear) because of the risk of aerosolization should a cough be induced during specimen collection.
- Tracheal swabs must be collected while trying to minimize the risk of coughing/aerosolization during collection.
  - No effort should be made to induce sputum.
  - If the patient wears a device – a tracheostomy tube, laryngectomy tube - the tube should be left in place.
  - If mucous is present externally around the tube, this may be used for specimen collection.
  - If a Heat/Moisture Exchange (HME) filter is worn, this should be removed; mucous accumulated on the HME should not be utilized for testing as it may contain virus from an inhaled exposure that has not resulted in infection.
  - If a tracheostomy tube is present that contains an inner cannula, this inner cannula may be removed and distal end swabbed for any visible mucous.
3.4 – Specimen Collection from Patient with Tracheostomy (Continued)

- If patient does not have a tracheostomy tube with an inner cannula but has a tube in the stoma, while stabilizing the tube with one hand to prevent motion, a swab should be gently inserted through the inside of the tube with the intent of reaching the distal end of the tube (5 cm for a standard laryngectomy tube, 7 cm for a standard Adult size 6 tracheostomy tube). The swab should be rotated 360 degrees and then removed and inspected. If there is no visible mucous on the swab the procedure should be repeated, with careful attention to getting the swab deep enough, to obtain visible mucous on the swab.

- If a cough is stimulated, any expectorated mucous may be used for the swab.

While test results are pending (PUI status), an HME should be worn over the stoma/tracheostomy tube, to prevent potential spread via aerosolization.

Full version of guidance can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html).

Image(s) ©Atos Medical AB and © K. Vanderpool

References:

Greg A. Krempl, MD
4.0 – Inpatient Care

4.1 - General Guidelines

4.11 – Patient Admission

03/09/2020

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 MUST be initiated and kept up to date.
4.12 - Patient Placement

03/30/2020

OU Medical Center
- 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 level-of-care will be admitted/transferred to ICU West for quarantine.
- Patients under investigation (PUI) requiring step-down level of care will be admitted/transferred to 6W Step-down for quarantine.
- Patients under investigation (PUI) requiring med-surg level-of-care will be admitted/transferred to 5E/6W for quarantine.

Women’s at the Children’s Hospital
- Females who are pregnant, suspected/confirmed to have COVID-19, and requiring admission/transfer will be placed in Birthing Rooms 5, 6, 7 or 8.
- If the patient requires an aerosolizing procedure, the patient will be moved to OBICU.

OU Medical Center Edmond
- Patients suspected/confirmed are placed in the ICU, irrespective of level-of-care (ICU/Stepdown/Med-Surg).
4.13 – Meditech Orders
4.13.01 - First Point of Contact

03/27/2020

- For the first point of contact screens completed during:
  - EDM: Recept, Stand-alone assessment, and rapid initial assessment
  - NUR: Admission assessments, stand-alone intervention
- These screens will be updated today for the new screening recommendations.
  - No longer will the COVID precautions trigger or EDM indicator flag on the travel question.
  - It will trigger from a yes response to any of 4 specific questions:
    1. Close contact w/ person under investigation question.

![Image of close contact screen]
4.13.01 – First Point of Contact (Continued)

2. Fever greater than 100.4 or 38.0
3. Cough not related to allergy or COPD question

4. New question added: Shortness of breath
If any response to the 4 questions is yes, then it will stop on the precautions, followed for 2019-nCoV screening (and will force an answer)
4.13.01 – First Point of Contact

ED Tracker if they say yes to the precautions question, it will put a red background @ next to the ‘F’ first point of contact indicator.

ED tracker if they say no to the precautions question, it will put a red @. If they say N/A to the precautions question, it will put a blue @.
4.13.02 – ECG Orders

03/31/2020

Over the past several weeks, information from around the globe appears to indicate that the use of plaquenil and azithromycin may be useful treatment for COVID-19. And while the treatment efficacy data is still in its early stages of evaluation, there is also evidence that this treatment has EP relevance. That being that this can prolong the QT interval. Along with this evidence, it appears that troponin leak is a very common finding in the adult patient population diagnosed with COVID-19. This appears to be occurring with true myocarditis resulting in high troponin level as a marker of the disease severity. Additional clinical experiences have indicated as high as 44% ICU transfers were due to arrhythmias.

In view of these and other pertinent clinical findings that indicate arrhythmogenic factors are already at play, it would be prudent to implement QT precautions for those patients who will be receiving plaquenil +/- azithromycin, as they will presumably present as a sicker sub-group.

Per the adult and pediatric cardiology electrophysiology specialty team, current treatment recommendations are provided as follow:

- Daily ECG for the first 3 days of therapy and then every other day during the ICU course. Can tolerate a 20% rise in QTc similar to sotalol.
- Telemetry techs to be made aware of the drug combo so they are alert for ventricular ectopy.
- Strict K and Mg management for the ICU teams.
- Avoidance of other QT prolonging agents if at all possible.

Note: These are preliminary clinical practice guidelines that will be updated as further clinical evidence and information becomes availab
4.13.03 – Adult COVID-19 Admission Orders

04/07/2020

---

**Admit to inpatient status**

**Diagnosis:**

---

**Place patient in outpatient status.**

**Place patient in outpatient status and begin observation services.**

**Fax admitting form to:**

- ICU
  - Intermediate Care
    - OUUMC & Women’s Logistics Center (405) 271-7089
  - TCH Access Center (405) 271-7047

- ED
  - Edmond Admitting (405) 644-5782

---

**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 ☐ DNJ

11. **Precautions**
    - ☒ Droplet isolation
    - ☐ Contact isolation
    - ☐ Airborne isolation

12. **Respiratory Therapy**
    - ☒ Titrate O2 to keep SpO2 greater than or equal to 90% (92-95% if patient is pregnant).
    - ☐ If not completed prior to admission (emergency room), obtain a ONE-TIME ABG for SpO2 < 95% to establish baseline unless contraindicated by severe hypoxemia. Use POC if available. DO NOT REPEAT!

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: [Imaging Operational Plan](#)

13. ☒ Portable Chest X-ray
4.13.03 – Adult COVID-19 Admission Orders (Continued)

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
   ☑️ Normal Saline 500 ml IV at TKO
   ☑️ Normal Saline @ ____ cc per hour

19. Labs on admission
   ☑️ CBC with differential
   ☑️ CMP
   ☑️ LDH
   ☑️ DIC Panel
   ☑️ HCG quantitative (Serum Pregnancy Test; recommended on all menstruating patients)
   ☑️ CRP
   ☑️ CK
   ☑️ Ferritin
   ☑️ Rapid HIV
   ☑️ HBSAg
   ☑️ HBeAb (IGG not IGM)
   ☑️ Triglycerides
   Routine labs, drawn at 4 am
   ☑️ CBC with differential
   ☑️ CMP
   ☑️ CK every Monday, Wednesday, Friday
   ☑️ Ferritin every Monday, Wednesday, Friday
   ☑️ Triglycerides every Monday, Wednesday, Friday
   ☑️ CRP every Monday, Wednesday, Friday
   ☑️ LDH every Monday, Wednesday, Friday
   ☑️ DIC every Monday, Wednesday, Friday
   Optional labs
   ☐ Upper Respiratory Tract COVID-19 viral swab x 1 - one nasopharyngeal (If not previously collected)
   ☐ MISC COVID-19: Lower Respiratory Tract COVID-19 (if endotracheal sample is readily available-do not induce sputum production)
   ☐ Blood Cultures x 2
4.13.03 – Adult COVID-19 Admission Orders (Continued)

- BNP
- Qualitative G6PD
- Tspot
- *Streptococcus pneumoniae*
- Legionella urine antigen
- Procalcitonin
- Troponin
- 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 Phenslyte @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.
   - 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 60-85mmHg (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 less than 30 cm H2O. In moderate to severe ARDS, 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 _ 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 (limited supply)

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

<table>
<thead>
<tr>
<th>Physician’s Signature</th>
<th>Date and Time</th>
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</thead>
<tbody>
<tr>
<td><strong>Telephone or verbal order:</strong></td>
<td></td>
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<tr>
<td>□ YES □ NO</td>
<td></td>
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<tr>
<td>Read Back and Clarified</td>
<td></td>
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<tr>
<td>(nurse’s name, date, &amp; time)</td>
<td></td>
</tr>
</tbody>
</table>

[| Physician Signature: | Date: | Time: |]
|----------------------|--------|--------|

RETURN TO TABLE OF CONTENTS
4.13.04 – Pediatric COVID-19 Admission Orders

03/26/2020

Effective Date MM/YY

Do Not Use Abbreviations: Stenographed Names & Short Forms

<table>
<thead>
<tr>
<th>U</th>
<th>T</th>
<th>Lack of leading zero (X mg)</th>
<th>Q.D., QD, q.d., or qd</th>
<th>D.O., QOD, q.o.d., or qod</th>
<th>Do not use drug names MS, MS04 or MgS04</th>
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<td>Trailing zero (X,0 mg)</td>
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</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.

1. □ Admit to inpatient status
2. □ Place patient in outpatient status (Output in a bed/SDG/SDG/B)
3. □ Place patient in outpatient status and begin observation service.

Diagnosis:

Fax admitting form to:

- ICU
- Intermediate Care
- OUMC & Women’s Logistics Center
- (405) 271-7069
- IRMU
- Med Surg
- TCH Access Center
- (405) 271-7047
- Stroke Unit
- Other
- Edmond Admitting
- (405) 644-5792

Pediatric COVID-19 Admission Orders

1. Expected Length of Stay:
2. Admission Service:
3. Attending Physician:
4. Resident/PA:
5. Diagnosis/Procedure:
6. Special Notes/Needs for Procedure:
7. Allergies:
8. □ Latex Precautions
9. □ Place on COVID-19 Clinical Pathway
10. □ Isolation Precautions [Contact & Droplet]
11. Code Status
    □ Full Code □ DNR □ DNI
12. □ Notify House Officer of arrival and patient’s condition
    Condition: □ Good □ Fair □ Serious □ Critical
13. □ Notify Provider with difficulty feeding
    □ Food trays to be delivered to nurses’ station. Please send in disposable containers with plastic utensils.
    - Infant diet □ Regular Diet for age □ Clear liquids (Pedialyte) □ NPO

Labs Diagnostics
14. □ CBC with Differential
15. □ CMP
16. □ CRP
17. □ Lactic acid
18. □ DIC Panel
19. □ URT COVID-19 nasopharyngeal viral swab [Reminder: Do not repeat order, one order per patient]
20. □ Blood Culture

Diagnostics [Reminder: Any testing unable to be performed at bedside requires a provider to radiologist approval; refer to Imaging Guidelines located in the COVID-19 tool kit].
21. □ Portable Chest X-ray, 1 view
22. □ Bedside Ultrasound

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4.13.04 – Pediatric COVID-19 Admission Orders (Continued)

Medications
23. Analgesics/Antipyretics
   □ Tylenol per protocol for mild pain and or temperature greater than 38.3 C
   □ PO □ RR q8 hours PRN
24. IV/IVF
   □ D5LR @ ____ mL/hr.
   □ D5NS @ ____ mL/hr.
   □ D5NS + 20mEq/L KCL @ ____ mL/hr.
25. Deep Thromboembolism Prophylaxis
   □ Enoxaparin 1mg/kg subcutaneously once a day
   □ Intermittent pneumatic compression device (SCD)
26. PIV NS Flush 1-3mL q8 hours or with usage

Nursing Orders
27. PIV
   □ Obtain IV less than 1 year old
      □ Consult – Child Life
      □ Nursing Misc. Order – Position of Comfort:
         Swaddling, Allow parent to hold, Allow parent/child to choose, Do not lay patient flat
         □ Nursing Misc. Order – Sucrose 2mL PO once – Administer 2mLs of sucrose 1 minute prior to needlestick
         then dip the tip of pacifier in sucrose and allow infant to suck on pacifier for self-soothing
   □ Obtain IV greater than 1 year old
      □ Consult – Child Life
      □ Nursing Misc. Order – Position of Comfort:
         Swaddling, Allow parent to hold, Allow parent/child to choose, Do not lay patient flat
         □ Lidocaine 2% intradermal 0.2mL – apply to site prior to needle stick with J-Tip applicator
         □ EMLA – apply to site prior to needle stick
28. Education: Provide patient and family COVID-19 education per pathway
29. Activity as tolerated
30. Intake and Output: □ Routine □ Strict
31. Vital Signs q ____ hours.
32. Continuous cardiac/apnea monitoring [Reminder: ONLY for patients with history of apnea during this illness]
33. Continuous pulse oximetry monitoring only while on oxygen or if in respiratory distress. Intermittent pulse oximetry monitoring every 4 hours if on room air without distress.
34. Oxygen therapy to maintain SpO2 greater than 90%
35. Wean O2 q2 hour if SpO2 greater than 90%
36. Nasal suctioning with NS [Reminder: Suctioning if clinically indicated]
37. Notify Provider:
   Supplemental text: Abnormal vital signs
   □ New or increasing oxygen requirements
   □ Urine output less than 1mL/kg/hr. over shift.
   □ Changes in patient's condition
   □ Worsening PEWS score

Physician's Signature / Physician's Printed Name

Date and Time

Telephone or verbal order: □ YES □ NO
Road Back and Clarified (nurse's name, date, & time)
4.14 – *Patient Supplies & Equipment*

03/09/2020

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.
4.15 – IV Pump Placement in Isolation Rooms

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.
How to clean and disinfect Ascom mobile devices

Unlike consumer-grade mobile handsets, Ascom mobile devices are purpose-built for healthcare, manufacturing, enterprise, retail and other high-performance work environments. Our handsets are tested with different cleaning and disinfection products and, below, is a list of approved solutions that will not harm the devices, while adhering to stringent cleaning protocols.

Cleaning instructions

1. Before cleaning the device, your hands should be cleaned.
2. You may use liquid disinfection solutions or cleaning wipes.
   Avoid cleaning and disinfection solutions containing skin moisturizing or corrosive components.
3. Before disinfection, pre-clean the device to remove dirt with a cloth moistened with a mild soap solution.

See next pages for cleaning instructions
### 4.17 – ASCOM Cleaning Guidelines (Continued)

#### Cleaning with liquid disinfection solution

Apply the liquid disinfection solution carefully, using a non-abrasive cloth. The following liquid disinfection solutions can be used:

<table>
<thead>
<tr>
<th>LIQUID DISINFECTION SOLUTION</th>
<th>Ascom d41</th>
<th>Ascom d43</th>
<th>Ascom d62/62</th>
<th>Ascom d63/63</th>
<th>Ascom d81</th>
<th>Ascom Myco 1/2</th>
<th>Ascom Myco 3</th>
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<tr>
<td>Ethanol 85%</td>
<td>X</td>
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<td>X</td>
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<td>Ethanol 95%</td>
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<tr>
<td>Virkon S 1.1%</td>
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<td>Actichlor Plus 0.1% CHlorine</td>
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<td>Aseptix (H₂O₂)</td>
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<tr>
<td>Chlorhexidin 0.5 mg/ml</td>
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<td>Isopropyl/Isopropanol 85%</td>
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<td>*Daily disinfections</td>
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</table>

* Sporadic disinfection: one disinfection per week
** Daily disinfection: up to 5 disinfections per day
### 4.17 – ASCOM Cleaning Guidelines (Continued)

**Cleaning with wipes**

Apply the disinfection solution carefully, using the presoaked wipes inside the cleaning cannister. Extensive rubbing during cleaning/disinfection might cause surface damage to the device. The following cleaning wipes can be used:

<table>
<thead>
<tr>
<th>CLEANING WIPE</th>
<th>Ascom d41</th>
<th>Ascom d43</th>
<th>Ascom d62/662</th>
<th>Ascom d63/663</th>
<th>Ascom dB1</th>
<th>Ascom Myco 1/2</th>
<th>Ascom Myco 3</th>
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<tr>
<td>PDI Super Sani-Cloth (Purple)</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>PDI Sani-Cloth Plus (Red)</td>
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<tr>
<td>PDI Sani-Cloth Bleach (Orange)</td>
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<tr>
<td>PDI Sani-Cloth H3 (Green/Ivory)</td>
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<tr>
<td>PDI Sani-Cloth AF3 (Grey)</td>
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<td>Cretol Prospray</td>
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<td>Clorox Hydrogen Peroxide (Green)</td>
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<td>Clorox Disinfecting Wipes</td>
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<td>CavWipes and CavWipes XL</td>
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<td>Clinell Universal wipes</td>
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</tr>
</tbody>
</table>

**Cleaning frequency**

Clean the device in accordance with local procedures.

---

**Ascom Holding AG**
Zugangstrasse 32
CH-6340 Rottstocken
Switzerland
info@ascom.com
Phone: +41 44 544 78 00
ascom.com

The final result will depend on every user's own procedures, for which Ascom cannot take responsibility. Even though the device is resistant against the solutions listed on page 2 and 3, it may absorb substances from e.g. cosmetics or food during use. These substances can have a surface softening effect on the device that will make it more sensitive to abrasion.
4.17 – Inpatient Transport

03/09/2020

- 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.
4.18 – Transport of Patients at Discharge

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.
4.19 – Environmental Services

03/09/2020

- 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.
4.19.01 – Discharge Cleaning

03/09/2020

- 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.
4.23 – HIPAA Update

03/18/2020

- 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
4.2 – Clinical Pathway of Care

4.21 – Respiratory Management

4.21.01 – Respiratory Interventions

04/01/2020

**Oxygen Therapy**
- Nasal cannula/facemask
- Apply surgical mask over patient’s mouth/nose. **Droplets** precautions are ok. Provider to wear a surgical mask when in the room.
- Avoid humidified O2. If non-rebreather is used at a high flow, change to **airborne** precautions

**High Flow Nasal Cannula (HFNC)**
- Limit flow to 30 LPM. Connect nasal cannula tightly, and apply a surgical mask over patient’s mouth/nose. If not possible, **intubate**.
- Patient should be kept under **airborne** precautions. Provider to wear an N95 mask or PAPR when in the room. A negative room pressure is preferred.
- If the patient is requiring an FiO2 > 60%, or is getting worse on a HFNC trial, highly consider intubation.
- If **COVID-19** confirmed, avoid HFNC and proceed with **early intubation**

**Non-Invasive Positive Pressure Ventilation (NIPPV)**
- Avoid in ARDS. **Intubate if COVID-19 confirmed**.
- Do not use if the patient is in shock
- Consider in mild hypercarbic respiratory failure, in the absence of significant hypoxemia, and a low suspicion for COVID-19
- When NIPPV is considered, use Hamilton C1 ventilator
- If no signs of improvement after a 1h trial, consider intubation
- Do not transport on NIPPV.

**Early Intubation**
- Early reports from China are suggestive of high failure rates for non-invasive ventilation including HFNC; early intubation is a key.
- In the setting of rapidly progressive hypoxia, highly consider intubation.
- When you call anesthesia, make sure to communicate with them that the patient is a COVID-19 PUI or confirmed.
- **Intubation:**
  - Ensure a tight-fitting mask with two hand grip to avoid leak.
  - Use lowest gas flow possible.
  - Avoid ambu-bag (BVM) ventilation.
  - If BVM ventilation is needed, avoid giving large volumes or high rates. Make sure to **connect a viral filter to the BVM**.
  - Ensure paralysis prior to intubation attempt.
  - Only deliver breaths/connect to the ventilator after the endotracheal tube cuff is inflated.
  - Minimize personal in the room.
  - Most experienced provider to perform intubation. Consider using a video laryngoscope.
- **If the patient is DNR/DNI; consider re-discussing goals of care as needed especially if COVID-19 confirmed while taking into consideration staff safety and patient’s prognosis** (case by case scenario).
4.21.01 – Respiratory Interventions (Continued)

**Bronchodilators**
- If patient is intubated (close circuit), use nebulized bronchodilators.
- If patient is not intubated, use Metered Dose Inhaler (MDI).
- Do *not* order MDI if COVID-19 is *not* suspected.
- **Given the shortage of albuterol MDI, highly consider the indication.**
  - COVID-19 is unlikely to be associated with bronchoconstriction.
  - In the absence of a history of an airway disease (asthma, COPD), and no wheezing on exam, **refrain from ordering.**

**Respiratory Specimen Collection**
- Do *not* order induced sputum.
- If patient is intubated, a tracheal aspirate can be obtained.
- If there’s high suspicion for COVID-19 and negative PCR from nasopharyngeal sample, consider sending a tracheal aspirate.
- Avoid bronchoscopy or mini BAL.

**Airway Clearance**
- When indicated, it’s ok to use vest therapy, hypertonic saline, and MetaNeb in **intubated** patients.
- If patient is not intubated, and airway clearance is indicated, limit it to an Aerobika. Connect Aerobika to a viral filter.

*These recommendations are based on the available information and resources, and are prone for an update as we move forward. Staff safety is always a priority.*

*Tony Abdo, MD and Brent Brown, MD*
4.21.02 – Intubation Protocol

04/04/2020

**OUMC**: Anesthesia should be called for all intubations, except in the Emergency Department.

**TCH**: The Anesthesia Airway Team should be called to intubate all PUI and COVID+ patients; This in-house airway team is also available for any intubation across the TCH (including OB and ED).

The Anesthesia Task Force has established an airway management protocol for suspected/confirmed COVID-19 patients. 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, eye protection, & gowns/gloves at a minimum; PAPRs may be used if available.
  - **OUMC**: Call the airway phone (405-417-0094) for all intubations (except in the Emergency Department). *If there is no answer*, there is an emergency backup number (405-271-0721).
  - **TCH**: Call the difficult airway phone (405-209-2333).
  - This information is available on SmartWeb (Global Search “Airway” to locate contacts for both OUMC and TCH).

When calling to request intubation, staff should be prepared to provide a report of patient condition to facilitate and streamline procedural planning.

Nurses should provide assistance to facilitate the gathering of appropriate PPE and intubation supplies/equipment.

ICU nurses have expertise in donning/doffing.

Video Guidance for [DONNING PAPRs](#)

Video Guidance for [DOFFING PAPRs](#)
4.21.03 – Change to Rapid Sequence Intubation (RSI) Kits at OU Medical Center

04/07/2020

** EFFECTIVE Sunday, April 5, 2020**

In an effort to conserve resources, it has been determined to remove the controlled substances from the RSI kits.

Current practice has been to waste ALL controlled substances from an opened RSI kit, opened or not, for controlled substance accountability. This change in practice will help the facilities conserve these medications.

For areas that have a RSI kit, the following medications have been removed from the kit but are AVAILABLE in the PYXIS:

- Midazolam
- Ketamine
- Fentanyl

All other RSI kit medications will remain in the kit, in baggies, so the medication can be removed, wiped down, and used again after return to the pharmacy. This will also further the effort to conserve non-controlled medications.
Rationale: COVID-19 patients often require prolonged ventilation warranting tracheostomy. Tracheostomy to include associated procedures (bronchoscopy, tracheoscopy, tracheostomy change, and suctioning) is high risk for COVID-19 droplet spread via aerosolization of secretions known to harbor high viral load. All patients being considered for routine tracheostomy should be tested as resources are available, so their status is known prior to the procedure, in order to conserve PPE post-procedure and use appropriate precautions peri-operatively.

Routine surgical tracheostomy recommendations for COVID-19 negative patients with hospitalization/no community exposure since the testing was performed:

- Performed in traditional OR room or in the ICU
- N95 mask gown, gloves, and eye protection (ideally face shield not attached to a mask) required by entire team

Routine surgical tracheostomy recommendations for COVID-19 positive patients and hospitalized patients with unknown COVID status:

- Performed in negative Airflow OR room
- N95 mask or PAPRs, gown, gloves, and eye protection (ideally face shield not attached to a mask) required by entire team with observed donning/doffing

Emergency Awake Tracheostomy – assume COVID+:

- Performed in Negative Airflow OR room
- PAPRs protection, gown, gloves required for the entire team with observed donning/doffing
- Oxygen should be delivered by mask with the anesthesia circuit connected (no nasal canula or traditional oxygen mask)
4.21.03 – Tracheostomy Guidelines (Continued)

**Tracheostomy Procedural Notes:**

- Reduce operating room team to only essential staff and providers
- Appropriate PPE as per specific tracheostomy situation as per above
- Pre-procedural briefing recommended to include anesthesia faculty and OR team
- To minimize aerosolized spread:
  - Complete patient **paralysis** when possible
  - Most senior/skilled surgeon and anesthesiologist on team should perform the tracheal window and airway exchange to ensure that the procedure is safe, accurate, and timely.
  - Cuffed non-fenestrated tracheostomy tube should be used to avoid aerosolizing virus.
  - The incision should be the smallest possible given the body habitus of the patient to minimize leakage/increased viral spread.
  - Avoid piercing the endotracheal tube cuff when entering the trachea
    - After exposure of the trachea and prior to creating the tracheotomy, the ETT should be advanced **beyond** the anticipated window/entrance point
  - **Cease ventilation** prior to entering trachea and hold until tracheostomy tube in place and cuff inflated.
    - Confirm placement of tracheostomy tube with end tidal CO2 monitor
    - HME/bacterial/viral filter should be placed on the tracheostomy tube to reduce viral shedding while the circuit is temporarily disconnected
    - Connect circuit the most expeditious manner
    - Ensure no leak from cuff and resume ventilation
  - Formal tracheostoma (suturing trachea to skin) **discouraged** to avoid leak/increased viral spread. Free stay sutures still appropriate.
4.21.03 – Tracheostomy Guidelines (Continued)

**Post Tracheostomy Care**

- **Presumed COVID + patients:**
  - Testing, as available, should be performed so that the most appropriate management can be performed while minimizing unnecessary use of PPE.

- **COVID-Negative patients:**
  - Proceed with routine post-operative care and de-cannulation

- **COVID-Positive patients:**
  
  **Rationale:** When a tracheostomy patient is removed from the ventilator, an open airway is created which carries an increased risk of droplet spread and aerosolization of infectious particles compared to the closed ventilator system.
  - The **tracheostomy cuff should remain inflated even when patient is off the ventilator** to avoid spread of secretions and associated virus.
  - Use of tracheostomy dressings is encouraged to reduce viral spread from leakage around the tube.
  - PPE with N95 required for tracheostomy care to include suctioning and removal/change of tracheostomy ties/straps.
  - For ventilated patients inline suctioning setup is essential and the only method that should be used.
  - An HME/filter/passy muir valve should be considered after patient is removed from the closed circuit to minimize viral shed.
  - **Traditional POD#5 tracheostomy tube change will not be performed.**
  - **Elective tracheostomy tube changes will not be performed until a patient is deemed suitable for decannulation.**
  - **Routine post-tracheostomy care and tracheostomy tube changes can be implemented in documented COVID negative patients with the use of above recommended PPE.**
4.21.03 – Tracheostomy Guidelines (Continued)

- Tube change will only be performed when medically indicated.
  - Inflated, cuffed tracheostomy tube favored even after patient is off of ventilator.
  - Fenestrated tracheostomy tube strongly discouraged.
  - Routine tube change to downsize and work towards de-cannulation can be considered 14 days after diagnosis (to allow for decreased viral load) and ideally when a patient has a negative swab test.
    - Downsizing to a #4 cuffless and simultaneously capping is ideal, with de-cannulation 24 hours later.

- If tube change is required due to significant leak/ventilator issues:
  - PPE to include N95 required for entire team
  - Minimize team members in patient room
  - Hold ventilation during exchange
  - If available, use HME/filter/Passy-Muir value to reduce viral spread while patient is temporarily off the circuit.

- Consider discontinuation of humidified trach collars and nebulizer treatments unless absolute medical necessity (recommendation out of Wuhan Province, China)

https://www.entnet.org/content/tracheotomy-recommendations-during-covid-19-pandemic
4.22 – Criteria for Removal from Isolation or Release from Quarantine

04/03/2020

If patients in isolation related to COVID-19 meet these three criteria, they may be removed from isolation precautions. These same criteria may be useful to help discharged patients determine when they no longer need to be in quarantine.

1. Fever-free for 72 hours without the use of fever-reducing medications
2. Respiratory symptoms improving
3. At least seven days since original onset of symptoms

Note: patients with compromised immune systems typically have prolonged viral shedding. The CDC guidelines state to extend the patient’s isolation for the duration of symptoms based on the clinical judgment of the provider.

If there are questions related to the process described, search Smart Web to reach the Infection Preventionist on call.
4.23 - Rehabilitation Services Guidelines

03/31/2020

- Does a patient with COVID/Pending COVID test need therapy?
  - Will therapy help expedite extubation for intubated patients (to free up ventilators for other patients in need)?
  - Will therapy help expedite discharge to home (rather than placement since many facilities are not accepting COVID/COVID potential patients)?
  - Does the patient have complicating factors that prevent nursing from mobilizing the patient (weight bearing status restrictions, spine precautions, stroke, etc)?
  - Is the patient alert and stable enough to adequately participate in the therapy session?
  - Does the patient have a complicated wound care that nursing is unable to manage?

- Will not see COVID/COVID pending patients who:
  1. Are sedated or low GCS not allowing for ability to follow commands
  2. On a high PEEP (>8)
  3. On a neuromuscular blockade
  4. Are unable to maintain blood pressure in desired range at rest
  5. Are requiring their 2nd vasopressor to be maxed out OR requiring a 3rd vasopressor
  6. Are unable to maintain O2 saturations >88% at rest with current O2 device
  7. Have general, non-complex wound care needs
  8. Are able to mobilize safely with nursing or independently
  9. Have baseline low mobility ability (such as bedbound, dependent for all care, mechanical lift transfer only)

  - If patient falls in to categories 1-7 and we receive therapy orders, PT/OT will not evaluate the patient but will not discharge their orders. We will place them on a check every 7 days’ plan of care so we can monitor if their status improves in a way that makes them appropriate for therapy

  - If the patient falls in to category 8, we will discharge therapy orders and defer to nursing to mobilize the patient. Nursing will need to request new therapy orders if new needs arise during the patient’s stay.

  - If the patient falls in to category 9, we will discharge the orders and not follow the patient during their stay.
• If a patient is deemed to have an essential need for physical or occupational therapy due to 1) nursing unable to safely mobilize patient or 2) patient has deficits that really requires hands on skills that only PT or OT can provide:
  o PT and OT representative to complete chart review of medical status and previous level of function.
  o Therapy staff also discuss with nursing what deficits are most observed from patient
  o PT and OT discuss which therapy service is likely to have the most benefit for that particular patient and only 1 therapy service will enter the patient’s room. The other service can provide curbside consults outside the patient’s room if needed.

• Until a patient is tested negative, consider having that particular therapist designated to ONLY COVID/COVID pending patients to reduce hospital spread.
  o Depending on COVID patient numbers in the hospital, this may allow this therapy to complete more than 1 session with these patients, if tolerated, to help facilitate extubation and discharge sooner.

References
   a. Research suggests patients are still undergoing the progressive stage of infection via chest CT up to 8 days with peak at approximately 10 days.
   b. The patients will be most unstable respiratory status during the progressive stage (8 days), so potentially consider therapy not adding stress to the patient until after that period. Could potentially continue to give curbside consult of handouts for nursing to complete with patient if appropriate.

   a. Page 10 section 9: “Reduce incidence of ICU-related weakness- actively mobilize the patient early in the course of illness when safe to do so”

   a. “People who had received intensive care experiences impairments in all 3 domains of the ICF (body function and structure, activity limitations, and participation restrictions). These impairments included decreased pulmonary function, reduced strength of respiratory and limb muscles, reduced 6-minute walk test distance, reduced ability to perform activities of daily living and instrumental activities of daily living, and reduced ability to return to driving and paid employment.”
   b. These patients are at risk of functional mobility deficits just from having an ICU stay. Nursing and therapy need to be in communication during stay with routine monitoring for potential declines in mobility that warrant therapy services.

   a. “The success rate of ventilator weaning in patients receiving physical therapy intervention vs non-physical therapy intervention was 58.2% and 40.9%, respectively. The results indicated that lengthening the physical therapy intervention time enhanced the ventilator weaning success rate”
   b. Physical therapy is an effective adjunct therapy to wean ventilator dependence. Could be a beneficial service to help weaning to free up ventilators for more critical patients.

4.24 – Patient Discharge Instructions
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 curbside 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)271-5900 with any questions.

Suspected/Confirmed COVID-19 Post-Hospitalization Discharge Instructions
4.3 – Inpatient Radiology & Imaging Guidance

03/30/2020

- 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 suspected or confirmed to have COVID-19, the referring physician must speak to the radiologist to discuss imaging options, risk/benefit, etc.

- The room for a suspected or confirmed COVID-19 may be down up to 3 hours after procedure to allow for appropriate air exchanges (see table below) and terminal clean.
  - **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. OU Medical Center 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.
    - **OUMC Edmond**: As part of the physician to physician call, facility leadership will determine the impact of the only MRI located in the facility.
4.3 – Inpatient Radiology & 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.
  - **OUMC 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.
4.31 – OU Medicine Imaging ACH Recommendations

04/07/2020

### OU Medical Center

<table>
<thead>
<tr>
<th>Modality</th>
<th>Description</th>
<th>Room ACH</th>
<th>Air Scrubber</th>
<th>Effective ACH</th>
<th>Recommended Air Time Prior to Terminal Clean</th>
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<td></td>
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<td>ED</td>
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<tr>
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<td></td>
<td>Gems</td>
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<td>N</td>
<td>6</td>
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<tr>
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### The Children's Hospital

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<th>Recommended Air Time Prior to Terminal Clean</th>
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### OU Medical Center Edmond

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<td>90 minutes</td>
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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.
4.42 – Patient Needing Urgent Surgery

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.
4.42 – Patient Needing Urgent Surgery (Continued)

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.
- 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.
4.43 – Case Postponement Plan

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.
4.43 – 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)

### Tiers/Description

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

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4.5 – Adult Specific Care

4.51 – Interim Guidance for Management in Adults

04/06/2020

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

4.51.01 - Changes from Version 1

1. Use of convalescent plasma has been included as a potential treatment option under an EAP
2. Indications for use cytokine blockage have been updated
3. Lactation was removed as an exclusion criterion for administration of cytokine blockade
4. We have added the position of the American College of Radiology pertaining the use and indications for chest imaging in COVID-19. We have also added a statement to remind healthcare workers that imaging cannot be used as a definite criterion to diagnose COVID-19
5. A baseline EKG should be obtained for every patient and followed daily – now highlighted in the guidelines.
6. Screening for HIV, Hep B and C and TB should be done at admission to facilitate decision making for potential use of immunosuppressive therapy
7. Prophylactic anticoagulation should be considered on all patients with COVID-19
8. New references regarding use of lung ultrasound (U/S) for COVID were added.
Management of Adult Patients Admitted with COVID-19

4.51.02 – Management of Adult Patients Admitted with COVID-19

04/06/2020

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**Risk Factors:**
- Age > 60
- Any age with Pulmonary Disease
- Tobacco Use
- Chronic Kidney Disease
- Diabetes Mellitus
- Hypertension
- Cardiovascular Disease
- Congestive Heart Failure
- Chronic Immune Suppression
- Chronic Immunosuppressive Medications
- Chronic Corticosteroid Treatment
- CD4 count < 200
- COVID-19 disease severe
- Healthcare Worker
- Family history of severe disease
- Neutrophil/Lymphocyte ratio > 3
- Absolute lymphocyte count < 900
- Platelet count < 150,000
- CRP > upper limit of normal
- LDH > 240
- Ferritin > 300
- Elevated Troponin

---

**Medication Dosing:**
- Hydroxychloroquine dosing: 400 mg given twice daily x 4 days
- Azithromycin dosing: 500 mg x 1 day then 250 mg daily x 4 days

If hydroxychloroquine is not available, consider:
- Chloroquine dosing: 500 mg by mouth twice daily x 5 days

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Liverpool Drug Interactions Group: Interaction with Experimental COVID-19 Therapies - Chart
Liverpool Drug Interactions Group: Interaction with Experimental COVID-19 Therapies - Detail

---
Baseline Evaluation

- CBC with differential
- CMP
- Rapid pregnancy test for women of childbearing potential CRP
- DIC panel (PT, PTT, fibrinogen, D-dimer) Ferritin
- LDH
- Triglycerides BNP - optional
- CK
- Procalcitonin - optional
- Troponins
- **Rapid HIV test**
- **Screening for Hep B (HBsAg and HBcAb) and HCV Screen of TB – interferon gamma release assay (IGRA)**
- Nasopharyngeal respiratory panel (i.e. PCR-20) if testing for COVID-19 (no need to obtain a PCR-20 or to test for influenza if the diagnosis of COVID-19 was established elsewhere)
- *Streptococcus pneumoniae* and Legionella urine antigen Obtain ABGs for Sp02 < 95%

**Baseline EKG and daily EKG**

- Portable chest X-ray
- CT chest without contrast as medically indicated
- Before cytokine blockade administration
  - As above and IL-6

Daily labs & imaging studies will be at the discretion of the treating physician.

Close monitoring of oxygen requirements, organ dysfunction (e.g. acute kidney injury, liver failure, myocarditis) and cytokine release syndrome should be prioritized.

Suggestions:

- Daily CBC and CMP
- CK, CRP, DIC, ferritin, LDH and triglycerides every 2-3 days
- Blood cultures if clinically indicated

For the immunocompromised patient and if clinically indicated consider Pneumocystic DFA from sputum (no induced sputum given aerosolization risk). If unable to send sputum, consider sending serum beta-D-glucan. If clinically indicated, consider sending fungal/AFB sputum cultures.
4.51.04 - Other Treatment Considerations

- Please notify infection control of any patient being evaluated for COVID-19 or with diagnosis of COVID-19 made elsewhere. Extension 15010
- For hypoxemic patients, consider antimicrobial therapy for community acquired pneumonia and oseltamivir for influenza based on clinical presentation and local epidemiology of influenza until bacterial/influenza causes are excluded
- Low molecular weight heparin (LMWH) which should be considered in ALL patients (including non-critically ill) who require hospital admission for COVID-19 infection, in the absence of any contraindications (active bleeding and platelet count less than 25,000); monitoring advised in severe renal impairment; abnormal PT or PTT is not a contraindication
- Seriously ill COVID-19 patients should NOT receive therapeutic-intensity anticoagulation empirically (i.e., in the absence of confirmed VTE). Follow this link for more details: https://www.hematology.org/covid-19/covid-19-and-vte-anticoagulation
- Therapies to avoid:
  - Steroids
    - Avoid systemic steroids unless being used for another indication
    - Consider discontinuation of inhaled steroids unless necessary for other acute indication
  - Use of non-steroidal anti-inflammatory medications (N-SAID). Consider Treating fever with acetaminophen if possible.
  - Nebulizers/Inhalers
    - Inhaled medication should be administered by metered dose inhaler (MDI) rather than nebulization. If nebulization is necessary, there is a higher risk for aerosolization of COVID-19. Appropriate PPE would be required.
    - There is limitation of MDIs and their use should be limited for proven indications – COPD, asthma, etc.
- Conflicting reports about ACEI/ARBs have been released. The American College of Cardiology, American Heart Association and the Heart Failure Society of America have advised “not to add or remove any RAAS-related treatments, beyond actions based on standard clinical practice.”
- The American College of Radiology has issued a position statement regarding use of chest X-ray and CT chest for suspected COVID-19. Please note that a chest CT should be pursued when medically indicated (e.g. for the evaluation of pulmonary emboli). COVID-19 is not a contraindication for chest imaging
Consult the Task Force BEFORE Administration

1. Established diagnosis of COVID-19 AND

2. Severe COVID-19 infection defined as ONE of the following:
   a. Requirement of invasive, non-invasive mechanical ventilation or ECMO
   b. PaO2/FiO2 <300 on PEEP of ≥ 5 cm H20 or high flow oxygen
   c. Shock requiring vasopressors

3. Evidence of an ongoing inflammatory response – needs to meet one of the four criteria
   a. **Criteria I (at least 3 of the following)**
      i. IL-6 > 40 pg/mL
      ii. CRP > 20 mg/mL
      iii. Ferritin > 1400 ng/mL
      iv. D-dimer > 1000 ng/mL
      v. CPK > twice upper limit of normal
      vi. LDH > 245 U/L
      vii. Elevated Troponin > 0.4 ng/mL
   b. **Criteria II**
      i. iHSscore equal or greater than 169 (sensitivity of 93% and specificity of 86% for diagnosis of HLH)
         2. When calculating the score
            a. Cytopenia definition:
               i. Hemoglobin concentration of 9.2 g/dL or less (≤5.71 mmol/L),
               ii. White blood cell count of 5000 per mm³ or less
               iii. Platelet count of 110,000 per mm³ or less
               iv. Or all of these criteria combined
            b. Bone marrow examination is not feasible on every patient and organomegaly could be difficult to determine clinically. Consider both present when calculating the HScore if this information is unavailable
            c. Immunosuppression definition: HIV positive or receiving long-term immunosuppressive therapy (i.e., glucocorticoids, cyclosporine, azathioprine)
   c. **Criteria III**
      i. Not meeting Criteria I, but there is clear evidence of deteriorating inflammatory parameters defined as a 25% increase above upper limits of normal (ULN) in at least three of the parameters listed under criteria I on consecutive readings at least 8-12 hours apart.
4.51.05 – Cytokine Blockade for Severe COVID-19 with Cytokine Storms (Continued)

d. Criteria IV
   i. Not meeting Criteria I, but there is clear evidence of clinical and radiologic deterioration over 8-12 hours despite maximal medical therapy with 25% elevation about ULN of 1-2 of the Criteria I markers

   **AND**

4. The provider has discussed the potential risks and benefits, including that this treatment is off-label and based on limited data with the patient and/or family, and attests that they agree to proceed with treatment. This can be documented in the chart.

   **AND**

5. Evaluated contraindications/exclusion criteria listed below:
   a. Younger than 17 and older than 85
   b. Pregnancy
   c. ALT/AST > 5 ULN – not an absolute exclusion criteria
   d. Platelets less than 50,000 uL; unable to be supplemented by platelet transfusion (i.e., platelet refractory)
   e. Hypersensitivity to any of the cytokine blockers
   f. The patient can’t be receiving another medication as part of a trial, expanded access program or compassionate use
   g. Diverticulitis
   h. Patients with active pulmonary tuberculosis or definite bacterial or fundal infections
   i. Reminder – no live vaccines should be given concomitantly.

**Dosing of Cytokine Blockers (Proposed Order Based on Availability)**

- Preferred agent
  o Tocilizumab dosing: 8 mg/kg IV (max dose of 600 mg), may repeat x 1 dose if fever/symptoms resume within 4 days.

- Other agents (to be considered on a case-by-case basis)
  o Siltuximab: 11 mg/kg is given over 1 hours as an intravenous infusion
  o Anakinra: **100 mg** SC q 24 hours. May repeat daily until 24 hours after response.
  o Canakinumab 150 mg SC as one dose

Dispensing any of the above medications requires BOTH the ID Attending and ICU Attending to call the Pharmacy.
4.51.06 – Imaging Findings

https://www.butterflynetwork.com/covid-19#publications

There is not imaging finding pathognomonic of COVID-19. Imaging cannot differentiate between COVID-19 and other forms of pneumonia. Imaging finding should be integrated as another piece of information into clinical context.

<table>
<thead>
<tr>
<th>LUNG CT</th>
<th>LUNG ULTRA SOUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thickened pleura</td>
<td>Thickened pleural line</td>
</tr>
<tr>
<td>Ground Glass shadow and effusion</td>
<td>B lines (multifocal, discrete, or confluent)</td>
</tr>
<tr>
<td>Pulmonary infiltrating shadow</td>
<td>Confluent B lines</td>
</tr>
<tr>
<td>Subpleural consolidation</td>
<td>Small (centomeric) consolidations</td>
</tr>
<tr>
<td>Translobar consolidation</td>
<td>Both non-translobar and translobar consolidation</td>
</tr>
<tr>
<td>Pleural effusion is rare.</td>
<td>Pleural effusion is rare</td>
</tr>
<tr>
<td>More than two lobes affected</td>
<td>Multilobar distribution of abnormalities</td>
</tr>
<tr>
<td>Negative or atypical in lung CT images in the super-early stage, then diffuse scattered or ground glass shadow with the progress of the disease, further lung consolidation</td>
<td>Focal B lines is the main feature in the early stage and in mild infection; alveolar interstitial syndrome is the main feature in the progressive stage and in critically ill patients; A lines can be found in the convalescence; pleural line thickening with uneven B lines can be seen in patients with pulmonary fibrosis.</td>
</tr>
</tbody>
</table>
The typical, mild COVID-19 pneumonia mainly starts as small Subpleural, unilateral or bilateral GGO in the lower lobes, which then develops into the crazy-paving pattern and subsequent consolidation. After more than two weeks. The lesions are gradually absorbed with residual GGO and Subpleural parenchymal bands. In these patients who recovered from COVID-19 PNEUMONIA, 4 stages of lung involvement were defined on CT:

<table>
<thead>
<tr>
<th>EARLY STAGE (0-4 days after onset)</th>
<th>PROGRESSIVE STAGE (5-8 days after onset)</th>
<th>PEAK STAGE (9-13 days after onset)</th>
<th>ABSORPTION STAGE (≥ 14 days after onset)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this stage, GGO was the main radiological demonstration distributed sub-pleurally in the lower lobes unilaterally or bilaterally.</td>
<td>In this stage, the infection rapidly aggravated and extended to a bilateral multi-lobe distribution with diffuse GGO, crazy-paving pattern and consolidation.</td>
<td>In this stage, the involved area of the lungs slowly increased to the peak involvement and dense consolidation became more prevalent. Findings included diffuse GGO, Crazy-paving pattern, consolidation and residual parenchymal bands.</td>
<td>In this stage, the infection was controlled and the consolidation was gradually absorbed. No crazy-paving pattern was present anymore. However, in this process, extensive GGO could be observed as the demonstration of the consolidation absorption. Noticeably, in this study, no crazy-paving was observed in this stage, likely as a result of recovering. Based on the total CT score, the absorption stage extended beyond 26 days (our last days of follow-up from the onset of initial symptoms.</td>
</tr>
</tbody>
</table>

4.51.08 – Remdesivir

- Remdesivir (GS-5734, RDV) is not FDA-approved, but is available for investigation use only
- It is a nucleotide analog antiviral available through Gilead
- Gilead is currently in the process of transitioning the provision of emergency access to Remdesivir from individual compassionate use requests to expanded access programs.

The container label of COVID-19 CONVALESCENT PLASMA UNITS MUST INCLUDE THE FOLLOWING STATEMENT, “Caution: New Drug—Limited by Federal (or United States) law to investigational use.” (21 CFR 312.6(a)).

- Eligible patient for use under expanded access provisions:
  - Must have laboratory confirmed COVID-19
  - Must have severe or immediately life-threatening COVID-19, for example:
    - Severe disease is defined as:
      - Dyspnea
      - Respiratory frequency ≥ 30/ min
      - Blood Oxygen Saturation ≤ 93%
      - Partial pressure of arterial oxygen to fraction of inspired oxygen ration < 300, and/or
      - Lung infiltrates > 50 % within 24-48 hours
    - Life-threatening disease is defined as:
      - Respiratory Failure
      - Septic Shock and/or
      - Multiple Organ Dysfunction or Failure
  - Must provide informed consent
4.51.10 - How to obtain authorization for use of COVID-19 convalescent plasma

- For request that are not highly time sensitive (response from FDA provide within 4 – 8 hours), the requesting physician may contact FDA by completing Form 3926 [https://www.fda.gov/media/98616/download](https://www.fda.gov/media/98616/download) and submitting the form by email to CBER_eIND_Covid-19@FDA.HHS.gov.
  - The completed form should include a brief clinical history of the patient, including: diagnosis, current therapy, and rationale for requesting the proposed investigational treatment in order to meet the expanded access use requirements of 21 CFR 312.305 and 312.310.
  - The form should include information regarding where the COVID-19 convalescent plasma will be obtained.
  - Providers should complete the form to the extent possible, and FDA will work with the provider if additional information is required.
  - FDA will review the request and, upon approval, FDA will send the requesting physician a confirmatory email that includes the emergency IND number.

- In the event of an emergency that is highly time sensitive (response required in less than 4 hours) or where the provider is unable to complete and submit form 3926 due to extenuating circumstances, the provider may contact FDA’s Office of Emergency Operations at 1-866-300-4374 to seek verbal authorization.

- If verbal authorization is given, the requestor must agree to submit an expanded access application (e.g., form 3926) within 15 working days of FDA's authorization of the use.

In addition to the above, FDA is continuing to work with its government partners including the National Institutes of Health (NIH) and the Centers for Disease Control and Preventions (CDC) to develop master protocols for use by multiple investigators in order to coordinate the collection and use of COVID-19 convalescent plasma.
4.51.11 – References


On Behalf of Oklahoma University Health Sciences Center COVID-19 Therapeutics Task Force
(Nelson Iván Agudelo Higuaíta MD, Jennifer Holter Chakrabarty MD, Carrie Yuen MD, Brent Brown MD, Jordan Metcalf MD, Houssein Youness MD, Michael Bronze MD, Douglas Drevets, MD, Katie Thompson PharmD, Bryan White PharmD)
4.52 – Adult Airway Management Protocol
03/24/2020

I. COVID-19 is associated with bilateral interstitial pneumonia, acute respiratory distress syndrome (ARDS), and fulminant respiratory failure.
   A. 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. 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.
   C. These recommendations are adapted from international guidelines for any patient at OU Medical Center who requires invasive airway management

II. PERSONNEL

   A. Airway management should be performed by the most experienced provider available, preferably with an experienced assistant.
   B. See 4.21.02 – Intubation Protocol for contact information.

III. RAPID SEQUENCE INDUCTION

   A. All patients should undergo rapid sequence induction to minimize bag-mask-ventilation (BVM) and time to airway securement.

IV. VIDEO LARYNGOSCOPY

   A. Video laryngoscopy should be utilized on the first attempt for all intubations to minimize time to airway securement and contact with oropharyngeal contents.
   B. Pre-oxygenate with FiO2 1.00 on non-rebreather facemask for 3-5 minutes if feasible.
   C. Administer rapid sequence induction and proceed with video laryngoscopy upon cessation of spontaneous ventilation.
   D. Immediately following ETT placement and confirmation of color change with qualitative capnography, initiate mechanical ventilation with closed circuit as soon as possible.
      1. Utilize HEPA filter on BVM to minimize aerosolized particle release into the environment.
      2. 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.
   E. Situations involving known difficult airways, need for fiberoptic intubation, etc., should be considered on a case-by-case basis. Contact a member of the Anesthesia Task Force for assistance (405-271-0721).

V. SUPPLIES/EQUIPMENT

   A. 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.
      1. The airway bag 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.
      2. Include patient label sticker with the bag in order to facilitate charges for supplies/equipment.
4.52.01 – Checklist for Adult Airway Management

03/24/2020

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
   ☐ Phentolamine, epinephrine
   ☐ Multiple saline flushes at the bedside

Equipment

☐ Nonrebreather facemask for pre-oxygenation
☐ 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
☐ Bougie airway catheter
☐ Supra-glossic airway (size 3, 4, or 5)

Order of Donning for Appropriate PPE

☐ Remove jewelry and secure freely handing 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)
☐ 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
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 assigned to CV services 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 un-intubated 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 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
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.

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- 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 assigned to CV services for screening.
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  - 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 un-intubated 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.
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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:


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

Over the past several weeks, information from around the globe appears to indicate that the use of plaquenil and azithromycin may be a useful treatment for COVID-19. And while the treatment efficacy data is still in its early stages of evaluation, there is also evidence that this treatment has EP relevance. That being that this can prolong the QT interval. Along with this evidence, it appears that that troponin leak is a very common finding in the adult patient population diagnosed with COVID-19. This appears to be occurring with true myocarditis resulting in high troponin level as a marker of the disease severity. Additional clinical experiences have indicated as high as 44% of ICU transfers were due to arrhythmias.

In view of these and other pertinent clinical findings that indicate arrhythmogenic factors are already at play, it would be prudent to implement QT precautions for those patients who will be receiving plaquenil +/- azithromycin, as they will presumably present as a sicker sub-group.

Per the adult and pediatric cardiology electrophysiology specialty team, current treatment recommendations are provided as follow:

- Daily ECG for the first 3 days of therapy and then every other day during ICU course. Can tolerate a 20% rise in QTc similar to sotalol.
- Telemetry techs to be made aware of the drug combo so they know to alert for ventricular ectopy.
- Strict K and Mg management for the ICU teams.
- Avoidance of other QT prolonging agents if at all possible.

*Note: These are preliminary clinical practice guidelines that will be updated as further clinical evidence and information becomes available.*
4.6 – Pediatric Specific Care

4.61 – Inpatient Pediatric Cardiology Evaluation, Management & Procedure Services

03/20/2020

Inpatient Pediatric Cardiology Evaluation, Management and Procedure Services

In accordance with current guidance from the American Academy of Pediatrics (AAP), the American College of Cardiology (ACC), as well as a growing body of evidence-based findings and recommendations from local, state and federal agencies, the Pediatric Cardiology services team is implementing the following guidelines in an effort to protect our patients, providers and staff, as well as, to actively mitigate the risks associated with exposure to COVID-19.

- All existing inpatient services will remain intact, but may be modified in terms of coverage model, delivery methods, procedure processes, and/or timing as required to comply with current institutional or regulatory guidelines set forth as applies to patients suspected of or confirmed as having COVID-19.

- All orders or service requests will be reviewed by the appropriate pediatric cardiology provider team specialist in collaboration with the ordering providers to ensure optimization of resources and mitigation of risk for the patients, providers and staff alike.

- All inpatients presenting with fever and one or more sign or symptom of an abnormal respiratory condition will be screened for severe acute respiratory infection prior to performing a further evaluation or procedure services.

- If COVID-19 is suspected or known, the requesting attending physician will contact the attending pediatric cardiology specialist to discuss and make a collaborative determination regarding the appropriateness and urgency of performing any requested evaluation or procedure service. In an effort to help limit overall exposure risk involving service-line resources, select pediatric cardiology services staff and equipment will be assigned to the delivery of services to patients suspected or known to have COVID-19.

- Inclusion of students and other learners in pediatric cardiology care and service areas will be reduced or eliminated temporarily in accordance with OUM and/or OUHSC directives for the purpose of reducing exposure risk and preserving limited PPE resources.

- In collaboration with the requesting physician, all requests for services involving aerosolizing procedures such as TEE, will be reviewed by the attending pediatric cardiology specialist assigned to provide the service to determine if alternate imaging modalities should be used for patients suspected or known to have COVID-19.

- Where possible, and subject to known risk/benefit findings, pediatric cardiology procedure services for patients suspected or known to have COVID-19, will be performed at the bedside to avoid exposure risk to other patients, staff and providers during the transport process.

- After-hours delivery of pediatric cardiology services to patients suspected or known to have COVID-19 will be subject to the review and approval of the pediatric cardiology specialist on-call for the inpatient or other subspecialty service requested. This requirement includes, but is not limited to: Cardiac Cath, Echo and EP services.

Note: All procedure rooms and exam spaces used to provide care and treatment for patients with COVID-19 will require special air-exchange and cleaning measures that may require the area to be temporarily out of service for an estimated period of 1.5 to 3.0 hours prior to being accessed again.
Over the past several weeks, information from around the globe appears to indicate that the use of plaquenil and azithromycin may be a useful treatment for COVID-19. And while the treatment efficacy data is still in its early stages of evaluation, there is also evidence that this treatment has EP relevance. That being that this can prolong the QT interval. Along with this evidence, it appears that that troponin leak is a very common finding in the adult patient population diagnosed with COVID-19. This appears to be occurring with true myocarditis resulting in high troponin level as a marker of the disease severity. Additional clinical experiences have indicated as high as 44% of ICU transfers were due to arrhythmias.

In view of these and other pertinent clinical findings that indicate arrhythmogenic factors are already at play, it would be prudent to implement QT precautions for those patients who will be receiving plaquenil +/- azithromycin, as they will presumably present as a sicker sub-group.

Per the adult and pediatric cardiology electrophysiology specialty team, current treatment recommendations are provided as follow:

- Daily ECG for the first 3 days of therapy and then every other day during ICU course. Can tolerate a 20% rise in QTc similar to sotalol.
- Telemetry techs to be made aware of the drug combo so they know to alert for ventricular ectopy.
- Strict K and Mg management for the ICU teams.
- Avoidance of other QT prolonging agents if at all possible.

*Note: These are preliminary clinical practice guidelines that will be updated as further clinical evidence and information becomes available.*
AMBULATORY CARE

5.0 – Patient Screening Workflows

5.01 – Ambulatory Areas at OU Medicine

03/16/2020
5.02 – OU Physicians Building Entry

03/27/2020
5.03 – OU Physicians Building Valet

03/27/2020

OU Physicians BUILDING Valet Workflow - 03/27/2020

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**Valet Policy**
All patients will self-park their own cars to prevent possible spread of COVID-19. Valet staff will only park a patient's car if they are handicapped or disabled and need help parking. Valet staff will greet all vehicles to ask if they need help, then go on to explain visitation and screening processes.

**Visitation Policy**
No visitors allowed in OUPB at this time. Please instruct visitors to wait in the parking garage in their car for the patient until their medical appointment is finished. Exception: If a patient requires assistance (due to age, cognition level, cultural, non-ambulatory, etc.), please use your judgment and if needed, only allow one visitor in with the patient. All other visitors can self-park and wait in their car.
5.04 – OU Family Medicine Clinic Entry

04/01/2020
5.05 – OU Physicians Telehealth Referral to Family Medicine Clinic

04/01/2020
5.06 – Stephenson Cancer Center (SCC) Entry

*Stephenson Cancer Center - Patient & Visitor Entry & Screening - 04/01/2020*

- **Vehicle arrives at SCC 10th Street entrance**
  - All visitors in vehicle are asked screening questions.
  - **Carside Clinic RN will wear PPE at all times. This includes goggles, surgical masks, and gloves.**
  - Screening questions:
    1. Are you experiencing respiratory symptoms including runny or worsening cough or difficulty breathing?
    2. Have you had a fever within the last 24 hours?
    3. Do you currently have a fever ≥100.4°F?
    4. Have you had close contact with anyone who is under investigation for COVID-19?

- **Patient symptomatic?**
  - No to all
    - Patients receive a mask and gloves.
    - Proceed to garage.
    - Vehicle directed to lower level carside screening.
    - Carside screening receives basic information about patient.
    - Type of COVID-19 testing and result needed.
      - Urgent
        - Carside RN contacts the SCC COVID-19 Hotline and provides operator with patient's name, DOB, and treating physician.
        - Operator transfers call to clinic to discuss care plans.
      - Non-Urgent
        - Operator transfers call to a clinic contact person to discuss care plans.

- **Patient approved?**
  - Yes
    - Participle receives sticker.
    - Proceed to garage.
    - Wheelchair assistance needed?
      - No
        - Park on garage levels 1A-3. Follow normal entry procedures to arrive at clinic visit.
      - Yes
        - Park on garage level 1. Visit assistance will bring wheel chair to vehicle. Follow normal entry procedures.

- **Visitor approved?**
  - Yes
    - Visitor drops off patient at front door.
    - Visitor does not receive sticker and proceeds to wait in parking garage.

- **Visitor does not arrive for clinic visit**
  - Patient arrives at clinic visit.

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04/01/2020 - V4
5.1 – Facility Updates

5.11 – OU Medical Center *Edmond* Services Update

03/28/2020

Outpatient lab and X-ray services are no longer available in the Medical Office Building. Patients will need to go through the Emergency Department entrance and screening checkpoint for lab and X-ray services.

The Pre-Admissions Testing Clinic in the Medical Office Building will close as of Monday, March 30. These services will now be provided in the ACU. The clinic can still be reached at 405-359-5514.
5.12 – OU Children’s Physicians Clinic Changes

04/01/2020

Relocation of some the OU Children’s Physicians clinics is occurring to:

• Provide a controlled entrance and exit point that can be utilized by OUCP clinics and the Children’s Hospital
• Protect and limit contact between patients
• Minimizing the use of elevators and contact with the sick

Pediatric clinics within OU Children’s Physicians (OUCP) relocating:

• Sooner Pediatrics (6th floor)
  o Well visits for patients 18 months & younger (including vaccination appointments)
  o Sick visits will have been relocated to the 2nd floor

Pediatric Surgery Clinic (2nd floor near OUCP Pharmacy & Lab)

• Relocating to the 3rd floor.

Pediatric Cardiology (2nd floor)

• Relocate to the 7th floor overflow space to limit exposure to patients with scheduled visits.

Sooner Pediatrics Clinic Update:
5.2 - Respiratory Clinic Established

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.
5.3 – Rescheduling OU Physicians Patient Appointments

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).
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.
- All OUMC Outpatient Imaging will be done at OUPB/SCC/OUMC Clinic Building and 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 population.
- 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 MRK 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 OUMC Edmond will be involved as and if needed.

This review validation will be sent to the Hospital President by EOB each Friday.
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: o Transthoracic Echocardiography (TTE)
  - Transesophageal Echocardiography (TEE)
  - Stress Echocardiography – Exercise and Dobutamine Stress
- Elective / Non-urgent Vascular Studies: o 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)
- 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 trans-esophageal 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
5.52 – Urgent Outpatient Cardiovascular Non-Invasive Appointments

03/25/2020

**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.
5.6 – Pediatric Specialty Clinics
5.61 – Outpatient Pediatric Cardiology Clinic & Procedures

03/20/2020

Outpatient Pediatric Cardiology Clinic and Procedure Services

In accordance with current guidance from the American Academy of Pediatrics (AAP), the American College of Cardiology (ACC), as well as a growing body of evidence-based findings and recommendations from local, state and federal agencies, the Pediatric Cardiology services team is implementing the following guidelines in an effort to protect our patients, providers and staff, as well as, to actively mitigate the risks associated with exposure to COVID-19.

- All existing campus and community-based pediatric cardiology clinic operations will be consolidated and transitioned to the Heart Center clinic located in the OUCPB-2F service area pending implementation of a potential surge plan. At which time, the clinic will be temporarily relocated to the 7th floor of the OUCPB.
- All outpatient procedure services will be provided at the Children’s Hospital and/or OUCP Heart Center service locations.
- All currently scheduled clinic visits and procedure services, as well as future internal and external outpatient referral requests will be reviewed and categorized for a scheduling determination by the primary subspecialty provider team.
- Clinic visit and procedure requests will be categorized as Essential, Non-Essential or Telemedicine as provided in the Service Category Definitions listed below:
  - **Essential**: Services scheduled for new or existing patients that present with one or more conditions whose symptoms and level of acuity merit prompt to immediate face-to-face medical or surgical evaluation and treatment, and/or, whose ongoing plan of care necessitates regular and consistent on-site maintenance, monitoring or reassessment to achieve the desired clinical outcome per the direction of the primary subspecialty provider team.
  - **Non-Essential**: Services scheduled for new or existing patients that present with one or more conditions whose symptoms and level of acuity permits delayed face-to-face medical or surgical evaluation and treatment, and/or, whose ongoing plan of care can be maintained, monitored or reassessed on-site on an extended interval basis without risk to the desired clinical outcome per the direction of the primary subspecialty provider team.
5.61 – Outpatient Pediatric Cardiology Clinic & Procedures (Continued)

- **Telemedicine**: Services scheduled for new or existing patients that present with one or more conditions whose symptoms and level of acuity permits remote telemedicine evaluation, and/or, whose current plan of care does not require on-site diagnostics or therapies to maintain, monitor or reassess progress toward achievement of the desired clinical outcome per the direction of the primary subspecialty provider team.

- In addition to identifying service requests by category, each request will receive a numerical priority score to provide direction as to the timeframe the service should be performed/completed:
  - Priority 1 = Schedule to be seen ASAP
    
    (e.g., Inpatient discharge follow-up, Post-op, Hearts @ Home, Urgent symptoms)
  - Priority 2 = Schedule to be seen in next 8-weeks
  - Priority 3 = Schedule to be seen in May/June

- For the duration of the COVID-19 Operations Plan, the scheduling of clinic visits and procedure services will be limited to essential and/or telemedicine categories only.

- Each subspecialty clinic program and procedure modality within the service-line will establish and maintain a reference list of representative diagnoses or conditions that meet the guideline criteria for essential, non-essential and telemedicine visits to serve as a resource tool for scheduling staff. All non-essential clinic visits and procedure services will be postponed and rescheduled for a date at least 8-weeks from the date of 3/19/20.

Also refer to: [Pediatric Cardiology Clinical Practice Update](#)
5.61 – Outpatient Pediatric Cardiology Clinic & Procedures (Continued)

- Subspecialty clinic programs covered by these guidelines include, but are not limited to;
  - General Pediatric Cardiology
  - Fetal Cardiology
  - Hearts at Home (inter-stage complex single ventricle management) Heart Rhythm and Implanted Device Management
  - Transplant Surveillance
  - Adult Congenital Heart Disease

- Procedure services covered by these guidelines include, but are not limited to;
  - Diagnostic and interventional cardiac catheterization and electrophysiology procedures
  - Transthoracic, trans-esophageal, fetal and stress echocardiography
  - Implanted cardiac rhythm device management and monitoring
  - Ambulatory electrocardiography recording and monitoring
  - Exercise physiology and metabolic function testing
  - Tilt table testing
Upon determination of a suspected patient with COVID-19, the STAFF LOG must be initiated and maintained.

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.
6.12 – Healthcare Worker Exposure

03/10/2020

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:
oumdlehcv19screening@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.
6.13 – Notifying Employee Health of Travel, Exposures or Symptoms

04/02/2020

In an effort to streamline the process for reporting issues which may require employees or contingent staff to miss work, OU Medicine will now use an online, self-reporting system to notify Employee Health of the following:

- Travel
- Exposure to someone that has tested positive for COVID-19 without the use of appropriate PPE
- Illness or symptoms
- Results of COVID-19 testing from non-work-related personal illness

Beginning Thursday, April 2\textsuperscript{nd}, all employees should use this link: https://covid19travelscreening.oumedicine.com/

- The employee will utilize their 3-4 ID and OU Medicine e-mail password to log-in.
- A ticket will be assigned to staff in Employee Health, who will follow up with the employee within 24 hours and provide necessary steps and return-to-work timeline.

If an employee has issues submitting the information online, please contact Employee Health at 405-271-3959 from 7:30am-4:00 pm Monday-Friday.
6.14 – COVID-19 Exposure Management Guidelines

03/12/2020

If questions about Risk Category:

**OUM Employees:**
oumdleh covid19screening@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.
6.3 – COVID-19 Exposure Management Guidelines (Continued)

**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 $\geq 100.0^\circ F$ 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*
6.15 – Physician & Staff Specimen Collection Workflow

03/27/2020
6.16 – COVID-19 Test Result Workflow & Responsibilities

04/03/2020
Q: I was in contact with a confirmed COVID-19 + person (patient or not) before it was known he/she was positive. What should I do?

A: For every exposure of concern our office will first assess how significant was your contact based on the type of PPE you were wearing as well as the length of contact and proximity to the COVID19-positive person. If considered significant, you need to be on quarantine for at least 10 (up to 14) days at home. If you remain asymptomatic, and depending on the staffing needs and how critical your position is for the appropriate functioning of our hospital in these difficult times, we might have to ask you to return to work earlier wearing a surgical facemask for a total of 14 days. If you become symptomatic you need to notify Employee Health. If the Employee Health office concluded that you had appropriate PPE at the time of contact with the COVID-19 positive person you can continue working as usual.

Q: I had contact with a person (patient or not) who is under investigation for COVID-19. What should I do?

A: If the contact was significant (prolonged time, close distance from the patient and/or with inappropriate PPE) you can work but you need to wear a surgical facemask while waiting for the patient’s COVID19 test result. You need to contact Employee Health to update us on the test result and for further guidance. In some cases, when employees can work from home we will consider having them quarantined at home while waiting for the person’s test result. If the contact was not significant, as decided by Employee Health, you can continue working as usual.

Q: I had contact with a person who is having symptoms of COVID-19 but was not tested.

A: If the contact was significant (as mentioned above), you can continue to work but will need to wear a facemask. Since in this case the person you had contact with was not tested for COVID-19 and given how prevalent it is becoming in our community we will need to consider this exposure as of significant risk. Due to that we will ask you to wear the facemask for 14 days after the exposure. As above, if the contact is considered non-significant by our office, you can continue working as usual.
6.2 – Employee Health Frequently Asked Questions (Continued)

Q: I am having symptoms, including fever, shortness of breath, cough, myalgias/body aches OR extreme fatigue

A: As we have always recommended, if you develop symptoms such as the ones noted above and do not need immediate medical attention, you need to stay home and notify Employee Health as soon as possible. Given the current concern for COVID-19, you should also self-quarantine in order to avoid potential exposure to others around you. Our office will review your case and will decide if you need COVID-19 testing, which we are offering on a relatively limited basis for now given the also limited testing kits and supply availability. We are trying our best to test every employee that can benefit from Updated 3/30/20 early testing. Depending on the course of your symptoms and if you are tested for COVID-19 we will decide how long to wait before you return to work, and depending on how soon you return to work we might ask you to wear a mask for a few more days after you are back to work.

These FAQs are only for general reference; they are not meant to replace the assessment of the Employee Health office that will be reviewing each case individually. If you have additional questions, please contact oumdlehcovid19screening@oumedicine.com.

Also, keep in mind that as our knowledge and circumstances related to the COVID-19 pandemic change frequently, our guidelines might change as well. Please know that we all deeply appreciate your dedication in the care of our patients in these unprecedented times.
As part of the preparedness planning for an inpatient surge of COVID-19 patients, OU Medicine is conducting an organizational audit of medical skills in order to best deploy the entire team around the emergency response operation.

Please take a moment to fill out the skills survey in detail as soon as possible.

This inventory encompasses nursing, medical certifications, allied health roles and administrative support.

The incident command center will evaluate skills and work with team members and their supervisor if team members are able to be re-deployed within the emergency response planning.

[Emergency Response Medical Skills Survey]
For your ongoing safety, OU Medicine, Inc. and OU Health Sciences Center is requesting that you do not wear scrubs, lab coats or name badges in public. A plan is being developed to provide laundering and dressing areas for medical uniforms and more information will be forthcoming.

Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disease can lead to social stigma and potential violence towards people, places, or things. Further, the fear and anxiety it produces can be directed at healthcare workers.

It is important to remember that people – including healthcare workers – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

Some groups of people who may be experiencing stigma because of COVID-19 include:

- Emergency responders or healthcare professionals
- People from a certain geographic location or region
- Individuals who have recently traveled

If you have experienced threats or violence due to your role in healthcare, we advise you to call the police if you experienced this outside of work. If this occurs while you are at work please notify your supervisor and call OUPD.

**Joint statement on behalf of:**

Jason Sanders, MD, MBA, OU Health Sciences Center

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

“Public health emergencies are stressful times for people and communities but unfortunately, today, one of our nurses was a victim of an act of violence in the community while on their way to work. The alleged perpetrator believed that due to the nurse’s role in healthcare, they were exposing the community to COVID-19. Healthcare workers receive comprehensive training on proper use of personal protective equipment, protocols and ways to protect themselves and others. OU Medicine stands in support of all healthcare workers, dedicating their lives to taking care of all of us. We are working with this employee and all of our employees to ensure their safety and appreciate the community’s ongoing support.”
7.13 – Mental Health & Well-being Resources

04/01/2020

Your mental health and well-being is just as important as your physical health. Below are resources to help you during this difficult time.

**National Helplines**
Confidential, immediate support is available through these local helplines.

- **Red Rock Behavioral Health Services**
  - www.red-rock.com (405) 424-7711; 1-855-999-8055

- **Northcare**
  - www.northcare.com (405) 858-2700

- **National Association of Mental Illness (NAMI) Oklahoma**
  - www.namioklahoma.org (800) 583-1264

- **Substance Abuse and Mental Health Services Administration**
  - www.samhsa.gov/find-help/national-helpline (800) 662-HELP (4357), or TTY: (800) 487-4889

- **National Alliance on Mental Illness (NAMI) HelpLine**
  - www.nami.org (800) 950-NAMI (6264) info@nami.org

- **National Suicide Prevention Lifeline**
  - www.suicidepreventionlifeline.org (800) 273-TALK (8255)

**Local Helplines**

- **YMCA of Greater OKC Emergency Childcare**
  - https://ymcaokc.org/community/emergency-childcare/

- **Oklahoma State Medical Association Physician Wellness Program**
  - https://www.okcountymed.org/pwp

- **Podcast with OU COM physicians, Drs. Pakala and LeClaire, Maintenance of Contemplation (MOC), Facing the Pandemic with Virtue**
  - https://www.buzzsprout.com/879607/3088201

**Additional Resources**

- **Coping With Stress During Infectious Disease Outbreaks**

- **Five Ways to View Coverage of the Coronavirus**
  - www.apa.org/helpcenter/pandemics

- **Seven Crucial Research Findings that can Help People Deal with COVID-19**
  - www.apa.org/news/apa/2020/03/covid-19-research-findings

- **Resources for psychological health**
  - https://docs.google.com/document/d/1mcmuJraITP_oPB-PF3siEeJV8yiG6vuXtjHx1_4mu48/edit

- **Website, Blog, and Podcast Resources for Academic Medicine & COVID-19 (Johns Hopkins SOM)**
  - https://facultyfactory.org/
7.2 – What are my work & pay options?

03/25/2020
What are my work and pay options during the COVID-19 period?

Patient care is always our first priority. Special thanks to those in direct patient care under these difficult circumstances.

If you are absent from work due to COVID-19 as outlined in the situations below, OU Medicine, Inc. has suspended attendance policy requirements, which assigns points for occurrences. There will be no attendance points assigned for absences related to COVID-19 until further notice.

Below are some situations that may occur during this period:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action Required</th>
<th>How do I get paid? *</th>
<th>What happens to my benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 If you are required to self-isolate for reasons not related to situation 2 – 4 below</td>
<td>• Work with your supervisor for work from home options. • If unable to work, call the Hartford at 1-877-560-6023 to report absence from work.</td>
<td>• If you work from home, you will be paid your base rate. • You will be allowed to use PTO for time not worked. You will be allowed to go up to 90 hours negative in your PTO bank.</td>
<td>• If you work from home or use PTO, your benefit deductions will continue. • If you take time off without pay, your benefit deductions will be taken when you return to work.</td>
</tr>
<tr>
<td>2 If you are cancelled because of low patient census</td>
<td>• Work with your supervisor for work from home options or reallocation opportunities • If unable to work, call the Hartford at 1-877-560-6023 to report absence from work.</td>
<td>• If you work from home, you will be paid your base rate. • If you are not working, you may choose to use your PTO or go unpaid. • If you use your PTO, you may go into the negative up to 80 hours of PTO.</td>
<td>• If you work from home or use PTO, your benefit deductions will continue. • If you take time off without pay, your benefit deductions will be taken when you return to work.</td>
</tr>
<tr>
<td>3 If you are exposed to COVID-19 at work and are required to be off work</td>
<td>• Notify your supervisor of the situation • Report your incident in RL Solutions • Work with your supervisor for work from home options or reallocation opportunities. • Call the Hartford at 1-877-560-6023 to report absence from work.</td>
<td>• If you test positive for COVID-19, you will be eligible to receive temporary total disability (TTD) weekly benefit pay under workers' compensation. • The first three days are covered under workers' compensation. You can use PTO or leave without pay for the first three days. You become eligible for weekly benefit pay on the fourth day lost from work. • For the first three days, you will be allowed to go up to 60 hours negative in your PTO bank. • You should also file a claim with the Hartford for FMLA tracking. If not approved for workers' compensation this will also allow the claim to flow into short-term disability if eligible.</td>
<td>• If you use PTO for the waiting period, your benefit deductions will continue. • Once released to return to work, your benefit deductions will be taken when you return.</td>
</tr>
<tr>
<td>4 If you are exposed to COVID-19 outside of work</td>
<td>• Notify your supervisor of the situation • Work with your supervisor for work from home options or reallocation opportunities. • Call the Hartford at 1-877-560-6023 to report absence from work.</td>
<td>• You will use PTO for the first seven calendar days of short-term disability. You will be allowed to go up to 80 hours negative in your PTO bank. • If approved, short-term disability would pay, based on your years of service.</td>
<td>Since short-term disability is paid through OU Medicine, Inc. payroll, benefit deductions will continue.</td>
</tr>
</tbody>
</table>

*FOR EXEMPT EMPLOYEES: In compliance with FLSA guidelines, your pay in any week for which you work any part of such work shall be as follows: You get paid for each day that you work, but for each full day that you do not work in any such week, you are required to use PTO, if available. Otherwise, you will be allowed to go into the negative for PTO up to the hours indicated above.
7.21 – What if I am exposed to COVID-19 at work?

04/03/2020

What if I am exposed to COVID-19 at work?

Patient care is always our first priority. Thanks to all our staff members who are caring for our patients under these difficult circumstances. If you are exposed to COVID-19 at work, OU Medicine is putting in place a change to help.

Please follow the steps below.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action Required</th>
<th>How do I get paid?</th>
<th>What happens to my benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are exposed to COVID-19 at work and are required to be off work:</td>
<td>- Notify your supervisor of the incident.</td>
<td>- If you are exposed at work, full-time employees will be paid up to 80 hours of base pay or for part-time employees, two weeks of pay equivalent to your normal schedule.</td>
<td>- Benefit deductions will continue.</td>
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<td></td>
<td>- Employee or leader must report your incident in RL Solutions. (On the hospital intranet, open the Employee Safety page. Go to the “Department” tab and scroll down to “Employee Safety”.)</td>
<td></td>
<td>- If time off extends beyond two weeks, once released to return to work, benefit deductions will be taken out of your check when you return.</td>
</tr>
<tr>
<td></td>
<td>- Report your Incident to Employee Health via the online form at <a href="http://covid19travelscreening.oumedicine.com">covid19travelscreening.oumedicine.com</a></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Work with your supervisor for work-from-home options or reallocation opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- File a claim with The Hartford at 1-877-560-5023 to report your absence from work. If not approved for workers’ compensation, this will allow the claim to flow into short-term disability, if eligible.</td>
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</tr>
</tbody>
</table>

If you have already submitted a claim in RL Solutions and used PTO, Human Resources will be working to refund the PTO used into your bank, up to the 80 hours maximum.

Refer to [HR.012 Communicable Disease Preparation](#) policy for more information.

Updated 4/2/20
7.3 – Required Licensure & Certifications

03/26/2020

In our continued effort to maintain a qualified staff during this time of increased care requirements, we encourage all staff to make every effort to renew their required certifications and/or licensures prior to expiration. We acknowledge that barriers may exist, such as illness and/or isolation, or staffing needs. Therefore we have established the following process for those approaching the expiration of a required license or certification who are unable to renew.

- Leader must submit a request for extension via email to HR@oumedicine.com
  - Include the staff member's name and the name of the license or certification, with expiration date
  - Include the rationale for extension. For example: illness, staffing needs, etc.
- An HR representative will respond with confirmation of receipt and next steps

AHA Certification Classes

The clinical education department continues to hold AHA classes (BLS, ACLS, PALS, NRP) during this time. The health and safety of everyone is a priority. We have implemented precautions that include utilization of hand sanitizer, small class size and wiping down of surfaces. These are challenging times for all as we continue to navigate this ever-changing environment. As always, please reach out to your clinical education specialist if you need assistance.
7.4 – Telecommuting

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.
7.41 – Remote Work Leadership

04/01/2020

Leading a Remote Team

• Your leadership approaches and tactics take on added importance during a workplace disruption.
• This Toolkit will provide some articles and resources for better managing a “Work from Home” situation.
• Information provided is only a resource, please use flexibility as needed based on your situation and needs.

Manage and Engage Your Employees During COVID-19 Workplace Disruptions

• Communication is KEY!
  – Give direction on what to do and what not to do…and hold them accountable.
  – Set goals, timelines and provide project tracking updates on a regular basis.
  – Schedule weekly one on one “check-ins” with your team.
  – Be transparent with your team, and cascade information as much as you can.
  – Is your staff reading “The Pulse” on a daily basis? Ensure they are reading it and have the resources to access the information in it.
  – Emphasize “People” interactions.
• Set up a call with the team to “catch up” casually…it doesn’t have to be about work all the time! Try to recreate the “office” environment in a virtual space.
• Encourage team communication as well! Group chats, Team Facebook pages, etc. provide a way for everyone to interact together.
7.31 – Remote Work Leadership Toolkit (Continued)

Communication is KEY!

<table>
<thead>
<tr>
<th>Channel</th>
<th>Best for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 Call / VC</td>
<td>• Individual catch-ups and building relationships</td>
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<tr>
<td></td>
<td>• Discussing sensitive and difficult topics</td>
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<tr>
<td>Video conference</td>
<td>• Problem solving and co-creation using shared screen or whiteboard</td>
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<td></td>
<td>• Weekly planning and review sessions</td>
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<td>• Decision meetings</td>
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<td></td>
<td>• Workshops and trainings</td>
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<td></td>
<td>• Team talks and retrospectives</td>
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<tr>
<td>Chat</td>
<td>• Process syndication</td>
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<tr>
<td></td>
<td>• Urgent questions and seeking guidance</td>
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<tr>
<td></td>
<td>• Keeping up to date in real-time</td>
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<tr>
<td></td>
<td>• Social team talk</td>
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<tr>
<td>Video captures &amp;</td>
<td>• Showcasing and explaining work</td>
</tr>
<tr>
<td>voice notes</td>
<td>• Guidance to the team from managers with limited time</td>
</tr>
<tr>
<td></td>
<td>• Debriefs after meetings that some may have missed</td>
</tr>
<tr>
<td>eMail</td>
<td>• Updates and status to large groups of people</td>
</tr>
<tr>
<td></td>
<td>• Formal communication inside and outside the company</td>
</tr>
</tbody>
</table>

Communication considerations
- Time to create vs time to process information
- Synchronous vs Asynchronous
- 1:1, 1:N, or N:N
- Structured vs stream
- Formal vs chatty
- Urgent vs important
- Visual vs spoken vs written vs non-verbal clues

Source: McKinsey & Company analysis

Manage and Engage Your Employees During COVID-19 Workplace Disruptions

- Lead with Compassion
  - Look for the “silver lining”.
  - New possibilities may arise from these changes… embrace the challenge and encourage others to provide options for improving the situation.
  - Listen to your team and the challenges they are facing.
  - Childcare, IT Issues, Health Issues, etc.
  - Provide support and flexibility while ensuring work is accomplished to expectations.
  - Be available.
  - Don’t rely only on email… phone calls, text and instant messaging provides “real-time” communication.
  - Provide more recognition!
    - Thank you notes, OU Recognition, and general appreciation for what they provide is extremely important in times of change and disruption.
7.31 – Remote Work Leadership Toolkit (Continued)

Articles and Resources

  – Individualization, expectations, communication are key for remote workers
  – Managers need their leaders’ support more than ever during this time

• **COVID-19: Managing Your Workforce Through Disruption**
  – On Demand Web conference*
  – Length: 1 Hour

• **Short course on leading virtual meetings**
  – Length: 10-20 minutes

• **Harvard Business Review:**
  – [*A Guide to Managing your (newly) Remote Workers*](#)
  – [*15 Questions about Remote Work, Answered*](#)

*Requires Registration

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Articles and Resources

• **Working Remotely: Tips from 100+ Remote Workers & Leaders**

• **Zoom virtual meeting**
  – Free “basic” package (Check with your IT Department for specific remote options)
  – Zoom Resources for dealing with COVID-19: [Zoom Support](#)

*Requires Registration
7.5 – Authorization Letter

04/01/2020

In response to Governor Stitt’s updated Executive Order issued that includes further directives regarding essential workforce members, OUHSC and OUMI have drafted a letter that will be issued to employees who may need to commute to work on campus. The letter states the employee is considered part of our essential critical infrastructure; it can be shown to law enforcement or other officials who may ask an employee why they are not sheltering at home. The media information regarding the Order, as well as information from local law enforcement, is that individuals will not be stopped solely for this purpose; however, individuals stopped for other reasons may be asked the question. Having this letter may be helpful in the event an employee engaged in work-related activity is stopped.

Employees are not required by law or OUMI to have the letter – it is being provided solely as a proactive measure. Receipt of this letter does not change employees’ current work arrangements, whether working on campus, telecommuting or otherwise. The letters will be distributed to select individuals via Workday Notification at noon on Wednesday, April 1.
7.6 – Travel Guidelines

03/20/20

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 oumdlehcovid19screening@oumedicine.com for further instruction and screening.

03/13/20

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.
7.5 – Travel Guidelines (Continued)

- 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.

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.
### 7.7 – Staffing

#### 7.71 – Staffing Considerations

03/09/2020

- 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.
7.72 – Reassignment of Pregnant Persons

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.
7.73 – New Employee and Clinical Orientation

04/03/2020

In order to provide a safe learning environment and to ensure we meet social distancing requirements while not delaying any new hire start dates, we are moving to a weekly NEO/Clinical Orientation. At this time, we plan to continue this approach from April 6 through May 31.

- All new hires will have a brief document check (I-9, etc.) and receive their badges on their first day
- NEO will be done primarily through videos on HealthStream and should be complete within the first week
- Non-Clinical Orientation
  - New hires who do not attend clinical orientation will be scheduled in 30-minute increments for the brief document check on their Monday start dates
  - Leaders will receive notification the Thursday or Friday before the new hire's start date on when and where to pick up their new hires and begin department integration

- Clinical Orientation
  - RNs/Paramedics - Monday and Tuesday, in department on Wednesday
  - RN Residents - Monday-Friday, in department no later than Monday of following week
  - Clinical Support - Wednesday, in department on Thursday

To ensure this expedited approach is successful, we will enforce our onboarding timeline such that all new hires must clear 100% of their onboarding by the Wednesday prior to their start dates or they will be moved to the following week.
7.8 – Donations

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
8.0 – TOTAL REWARDS
8.1 – Childcare Options

03/31/2020

OU Medicine is neither endorsing nor requiring the use of these programs, but merely making information available to employees.

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.

Boys & Girls Clubs of Oklahoma County
- Temporary school-age childcare program for parents who work in essential jobs related to COVID-19. For information, visit bgcokc.org or call 405-521-9292

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.
EMERGENCY CHILDCARE

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.

ymcaokc.org
8.2 – Employee Wellness

8.21 – EAP is Here to Help

03/22/2020

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 FearFighter® 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.
8.22 – Compassion Fatigue

03/22/2020

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.

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

For more information and tips, visit MagellanHealthcare.com/COVID-19.

1—Compassion Fatigue
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 whims 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 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. 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 that addresses the emotional impact of caring for a particular patient or theme. Similar semi-structured
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](https://www.magellanhealth.com).

For more information and tips, visit [MagellanHealth.com/COVID-19](https://www.magellanhealth.com). We wholeheartedly thank you for all you are doing to combat this outbreak.

2. See [Schwartz rounds](https://www.magellanhealth.com).
In our continued effort to respond to the emerging demands of the COVID-19 pandemic, we have created a site with resources for coping during this challenging time: oumedicine.com/covid/wellness.

It will be updated regularly and will include links to online wellness resources. If you have suggestions for additional content, please email Dr. Sheila Crow, Associate Dean for Faculty Affairs and Professional Development, at sheila-crow@ouhsc.edu.

We have also established a health and wellness helpline: 405-271-HERE.

- Helpline is staffed by a licensed mental health professional
  - Monday - Friday from 15:00 – 19:00.
- Helpline conversations do not represent a treatment relationship and are completely confidential.
- Our mental health team is here to listen, problem solve, provide information and direct you to the proper resources. Please reach out if you need to speak with someone.
8.25 – Helping Staff with Stress

04/06/2020

Contagious illnesses can cause great fear and anxiety
How to help staff members in distress during an infectious outbreak

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.

It is normal to feel nervous about COVID-19, however, some people may be more vulnerable to worrying thoughts if they already have a health or anxiety disorder. In either case, it is important to pay attention to the emotions and feelings expressed by your staff and know how to help them when they are distressed.

Read cues and signals
Pay attention to the emotions and feelings expressed by your staff. Common signs of anxiety and stress to look out for are:

Behavioral
- An increase or decrease in energy and activity levels
- An increase in irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Blaming other people for everything
- Having difficulty communicating or listening

Cognitive
- Having trouble remembering things
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

Physical
- Having stomachaches or diarrhea
- Having headaches and other pains
- Loss of appetite or eating too much
- Sweating or having chills
- Getting tremors or muscle twitches
- Being easily startled

Emotional
- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling angry
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness
Listen and empathize
Listen closely and think before you react to the situation. This is an opportunity to strengthen your relationship with the person. Make sure to listen first so you learn more about what is bothering them and can give them the support they need. Be careful not to react too quickly, make light of the issue or tell them to just deal with it.

Understand the triggers
Remember that the emotional distress that is being displayed is usually triggered by underlying issues. Ask what is driving the distressed response, i.e., “You don’t usually react that way in meetings, is there something that is bothering you right now?” Be careful not to pre-judge the situation. Instead, focus on listening to the person’s concerns and making them feel heard and respected.

Transform the problem into a positive change
If a person becomes emotional, comment on the person’s strengths while communicating hope and support. Once you know what the problem is, then you can help the staff member find a solution.

Help them keep their dignity
When someone is going through a tough time and you are talking to them about it, it is important to give them space to process their situation and keep their self-respect. Most people will already feel embarrassed that their manager is learning about their situation. No one should be made to feel bad about becoming emotional or crying.

Offer reasonable assistance
Sometimes the person will benefit from having a few personal days to sort things out. In these cases, allowing leave, adjusting a schedule and/or workload may be the simplest solution.

Someone who is having difficulty managing stress, hypervigilance, obsessive reading about the crisis and/or worrying about the effects may need additional help. Remind them that the Employee Assistance Program is available 24 hours a day, 7 days a week, all year long. All services are free and confidential. Your staff, and their household members, can call and speak with a clinical professional to get the support they need.

Your program website is a good resource for mental wellness education, and it also has easy-to-use Digital Cognitive Behavioral Therapy apps, including FearFighter® for anxiety, panic and phobia and MoodCalmer® for depression.

Magellan Healthcare is here to provide you and your staff members with compassionate and caring support during this difficult time.

8.30 – Employee Relief Fund

03/20/2020

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.
100% of donations go directly to helping employees in need

Our colleagues are not just co-workers, they are our work family, and we have always rallied around one another when devastation strikes. OU Medicine supports the non-profit OU Medicine Employee Relief Fund designed to serve this exact purpose. The fund is supported by employees, allowing us to do what we do best: take care of others.

Now, more than ever, your fellow employees need your help! Please consider donating to the Employee Relief Fund. OU Medicine will match dollar-for-dollar each employee’s gift toward the OU Medicine Employee Relief Fund with a limit of $250 per calendar year. You can access the site by visiting OUMedicine.yourcause.com. Once on the site, you will be asked to enter your 3-4 ID and OU Medicine network password. Donations can be made using a credit card or through recurring and one-time payroll deductions.

For additional questions about the OU Medicine Employee Relief fund, please contact Human Resources at hr@oumedicine.com
8.4 – Telemedicine for Your Health Care Needs

03/28/2020

As part of our efforts to expand the ways in which you and your family receive needed care for health and wellbeing, the OU Medicine health plan has put into place multiple telehealth options.

OU Medicine has adopted the telemedicine/virtual visits as a benefit in the OU Medicine health plan with no member share through April 30, 2020. The provider must be an in-network provider and they have the capability to provide a virtual visit. Going forward, telemedicine will create a lower cost option for employees on the health plan to receive care.

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>Network Tier</th>
<th>PPO1</th>
<th>PPO2</th>
<th>HSA1</th>
<th>HSA2</th>
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</thead>
<tbody>
<tr>
<td>Telemedicine</td>
<td>OUM-Affiliated Facility</td>
<td>$5</td>
<td>$15</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Non-OUM In-Network Facility</td>
<td>$15</td>
<td>$25</td>
<td>20%</td>
<td>20%</td>
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<tr>
<td></td>
<td>Out-of-Network Facility</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**OU Physicians Virtual Visit**

OU Physicians offers virtual visits for established OUP patients, meaning a patient that has a visit history in an OUP clinic and medical record in the OUP EMR. If you or your family members are current patients with an OU Physician clinic and have an upcoming scheduled appointment, please call the specific clinic for more information. OUP clinics are scheduling virtual visits based on guidelines established by each clinic Medical Director. We encourage you to download the app **OU Medicine Health Connect** (through Apple Store and Google Play) and set up your personal account in anticipation of being a potential candidate for a virtual visit.

**Blue Cross & Blue Shield MDLIVE**

With your virtual visits benefit, by MDLIVE, the doctor is in 24/7/365. You can see a doctor or behavioral health specialist without leaving the comfort of your own home. Virtual visits allow you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you via [www.mdlive.com/bcbsok](http://www.mdlive.com/bcbsok) or call **1-888-976-4081.**
8.4 – Telemedicine for Your Health Care Needs (Continued)

**Magellan EAP TeleHealth**

Meet with a counselor on your terms. Magellan Healthcare, OU Medicine’s Employee Assistance Program (EAP) carrier, provides professional and confidential help to employees and their family members who are facing challenges. If you are feeling anxious, unsettled, and/or overwhelmed, you can schedule a convenient and confidential telehealth appointment to meet with a counselor. All you need is a smartphone or a computer with a webcam and high-speed internet. Each telehealth session counts towards your and each of your family members’ FREE 5 sessions per year. You can access your OUM Magellan EAP program 24 hours a day, seven days a week, all year long. See attached flyer for more details on this program or visit [www.magellanascend.com](http://www.magellanascend.com) or call **1-800-327-1393**.

Remember, as part of the OU Medicine health plan, you are able to utilize DispatchHealth for in-home urgent care, to remain out of the emergency room.

**DispatchHealth – Urgent Care Home Visits**

Avoid unnecessary visits to the emergency room. Receive treatment for you or your family member’s illness or injury from the comfort of your home with a simple house call. DispatchHealth delivers on-demand medical care to you from 8 a.m. - 10 p.m., seven days a week, including holidays. Request services through their mobile app, visiting [www.dispatchhealth.com](http://www.dispatchhealth.com) or calling **1-405-213-0190**. The following is your copay or co-insurance cost when utilizing DispatchHealth:

<table>
<thead>
<tr>
<th>PPO 1</th>
<th>PPO 2</th>
<th>HSA 1</th>
<th>HSA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20</td>
<td>$30</td>
<td>10%</td>
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</tr>
</tbody>
</table>
8.41 – Blue Cross & Blue Shield MDLIVE

03/28/2020
8.42 – Magellan EAP Telehealth

03/28/2020

Say goodbye to the waiting room
Meet with a counselor on your terms

Have you ever felt that you could use some help getting through an issue? Perhaps you need to be more assertive in your life, you recently went through a traumatic experience, or your relationships have all been rocky lately. You know you should do something about it, but you haven’t taken the first step to get there. Whether you don’t have enough time, can’t get away from work, have responsibilities at home, or just aren’t comfortable going to a counselor, something’s getting in the way.

There’s a solution: Telehealth
Many counselors now offer Telehealth, a convenient and confidential service that allows you to meet using video teleconference. All you need is a smartphone or a computer with a webcam and high-speed internet access. Telehealth counseling sessions count toward your program’s session limit.

Why Telehealth?

☑️ Privacy—You can meet with a counselor in the privacy of your own home, car or office for a real-time, two-way conversation. You don’t have to worry about coworkers wondering where you are going or someone seeing you go into an office.

☑️ Convenience and cost-savings—Because you don’t have to drive to an office, you’ll be able to put the time and money you would have spent commuting toward other things.

☑️ Faster access to mental health services—Counselors who provide Telehealth accessibility are typically available for appointments much sooner than conventional counselors, who often have long waiting lists.

☑️ Flexible appointment times—Many times, counselors are available evenings and on weekends, enabling you to arrange an appointment at a time that works for your schedule, without taking time off work.

Ready to get started?
2. If prompted, Register.
3. Click on Find Care. On the Location tab, under Choose a Provider List, select Telehealth EAP.
4. Enter your zip code and select your distance.
5. Complete the online EAP referral form located next to Provider listing and call the provider to schedule an appointment.

Making the time to take care of your needs just got a lot easier. Take advantage of Telehealth and make an appointment today!
8.43 – DispatchHealth – House Call Urgent Home Care Visits

03/25/2020
8.43 – DispatchHealth – House Call Urgent Home Care Visits (Continued)

A Team You Can Trust
For every house call we send a physician assistant or nurse practitioner along with a medical technician. An on-call ER physician is also available at all times via phone.

We’ve Got You Covered

We are in-network with Blue Cross Blue Shield of Oklahoma. Please contact DispatchHealth for more information about your specific plan.

We accept credit card, debit card, health savings account (HSA), health reimbursement account (HRA) and flexible spending account (FSA) payments.

Dial for same-day care 7 days a week, 8 a.m. to 10 p.m.
DISPATCHHEALTH.COM OR 405.213.0190
The Coronavirus Aid, Relief and Economic Security (CARES) Act was signed into law on March 27, 2020, as a result of the massive federal stimulus effort to provide relief for families, individuals and businesses impacted by the COVID-19 outbreak. To help you understand the impact of the bill’s multiple provisions, the OU Medicine, Inc. Total Rewards team has compiled the following resources.

Free telemedicine visits for members on health plan through April 30, 2020
Free COVID-19 testing for members on the health plan
401(K) – Updates to early withdrawal amounts and penalties for hardship loans

These resources pertain to OU Medicine, Inc. health plan changes that have previously been communicated, i.e., implementing telehealth, as well as new updates regarding your retirement plan and compensation related to the COVID-19 response. For questions regarding benefits, please email: totalrewards@oumedicine.com.

There are also modifications to various unemployment assistance programs that provide for additional unemployment relief and extensions of unemployment benefits:

Individuals eligible for unemployment compensation are entitled to receive their amounts allowed under existing law plus an additional amount of $600 per week to qualifying individuals. The additional $600 in unemployment assistance will be available until July 31, 2020.

Unemployment benefits are available for the first week of unemployment in situations where states would otherwise require unemployment for one week prior to eligibility for unemployment benefits.

Unemployment benefits are extended for an additional 13 weeks, or through December 31, 2020, for certain qualifying individuals who remain unemployed after the termination of unemployment benefits.
9.0 - NEWS
9.1 – News Releases

9.11 – OU Medicine Prepares Mobile ER for Use in COVID-19 Screening.

03/24/2020

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; 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.
9.13 – COVID-19 Vaccine Study

03/20/2020

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.
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.
9.15 – Incident Command Organizational Chart

03/25/2020
9.16 – Face Mask Donation from Mathis Brothers

03/30/2020

OKLAHOMA CITY – To help Oklahomans protect patients, visitors and healthcare providers during the COVID-19 pandemic, Oklahoma City-based furniture retailer Mathis Brothers has begun producing cloth face masks in its mattress factory. OU Medicine and its academic partner, the University of Oklahoma Health Sciences Center received a supply this week.

OU Medicine and OU Health Sciences Center plans to give the donated masks to visitors and patients so that direct-care providers can continue using existing supplies of face masks. Doctors, nurses and other healthcare professionals will also wear the new face masks over their N95 masks for additional protection.

“We are very grateful to Mathis Brothers for this generous donation and the innovative use of their factory equipment to create face masks,” said OU Medical Center President Kris Gose. “Our community and state always rally around those in need when a crisis occurs.”

The use of personal protective equipment (PPE) like face masks is critical during the pandemic because virus droplets remain airborne after an infected person coughs or sneezes. As the medical response to the pandemic continues, supplies of PPE will decline, making community donations all the more important.

“We anticipate giving the masks donated by Mathis Brothers first to OU Medicine visitors and patients, whether they are at one of our clinics for a doctor’s appointment or have been admitted to the hospital. This will provide them with another layer of protection,” said Linda Salinas, M.D., epidemiologist for OU Medical Center. “Our healthcare providers can also wear the masks over their N95 masks, which provides additional safety and helps to extend the life of the N95 masks. Because our response to the pandemic is growing and changing, we are grateful to have the extra masks to use as the situation requires.”

Mathis Brothers spokesman Rit Mathis said that when the Mathis family became aware of the shortage of masks for healthcare providers, they knew they had an opportunity to make a difference.

“We immediately went to work retooling our mattress factory. Working with the nurses at OU Medical Center, we developed a mask that can be utilized in a number of applications to better protect our frontline doctors and nurses,” he said. “Within just three days, we were able to begin producing over 1,000 masks a day. We are going to continue to ramp up our efforts to give away as many of these masks as possible to our local healthcare system. We feel fortunate to be able to help in this small way in our community.”
9.2 – Links to OU Medicine Videos

04/06/2020

OKCPD Headlights for Heroes
OU Medicine Facebook Page: Thank You Parade

04/03/2020

Oklahoma Health News – COVID-19 and Pregnancy

04/01/2020

OU Medicine and OU Health Sciences Center Virtual Town Hall
A Decade of OU Medical Center Edmond

03/28/2020

Week 2 – A Video Message from Jason and Chuck

03/25/2020

OU Health Sciences Center and OU Medicine Community Virtual Town Hall

• 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.

03/20/2020

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.
### Terminology & Abbreviation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airborne Infection Isolation Room (AIIR)</strong></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><strong>Center for Disease Control and Prevention (CDC)</strong></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><strong>Middle East Respiratory Syndrome (MERS)</strong></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><strong>Negative Air Flow Room (NAFR)</strong></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><strong>Oklahoma State Department of Health (OSDH)</strong></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><strong>N95 Respirator</strong></td>
<td>A respiratory protective device designed to fit close to the face and provides filtration of airborne particles.</td>
</tr>
<tr>
<td><strong>Person Under Investigation (PUI)</strong></td>
<td>Person who has met criteria to be tested for a high consequence infectious disease (HCID)</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE)</strong></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><strong>Severe Acute Respiratory Syndrome (SARS)</strong></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>
10.12 – Definitions of Terms Frequently Used

03/24/2020

Definition of Terms Frequently Used

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)
10.2 – Illness Prevention

10.2.1 – Three Simple Steps to Prevention

3

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.

OU Medicine
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
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.
10.30 – FaceTime Tip Sheet – Virtual Visitation

03/28/2020

In an effort to provide a virtual visitation option for our patients, we will allow video chats, including FaceTime, Zoom and Skype. This decision is based on the temporary relaxation on using non-HIPAA compliant apps during the COVID-19 outbreak. Please promote and encourage these tools whenever a patient wants to connect with loved one, or if they want their loved one to be present during care plan discussions. We are exploring alternative options for patients who do not have a smart device. Learn more about these solutions on our website or view some helpful tips on how to use FaceTime in these situations.

How to Utilize FaceTime for Virtual Visitation

1. Confirm FaceTime is turned on and you are on WiFi.
2. Placing a call to a family
3. Managing a FaceTime Call
4. Adding Another Person to the call

- Use patient’s phone
- Confirm FaceTime is turned on: Settings > FaceTime
- Option 1: In Contacts, find person and click on the FaceTime icon
- Option 2: In the FaceTime app, tap the plus button and type the person’s phone number. Tap the number, then tap Video.
- Option 3: Call number as usual, then select the FaceTime icon in the Phone app to switch to FaceTime.
- Changing to Landscape View: Rotate your iPhone sideways to view your caller in landscape mode.
- Flip Camera: Tap the Flip Camera button to switch your video from front-facing to rear-facing. Tap button again to switch back to front-facing camera.
- Mute Your Sound: Tap the Mute icon to mute yourself on the video visit. You will still be able to hear and see the other person.
- Pause the Video: Switching to another app puts the video on hold. Tap on the banner at the top of the iPhone to return to your FaceTime call.
- During a FaceTime call, tap the screen to open the controls, swipe up from the top of the controls, then tap Add Person.
- Type the name or phone number of the person you want to add.
- Or tap + to add someone from Contacts.
- Tap Add Person to FaceTime
10.31 – Telecommunication & Telehealth

04/06/2020

As we face caregiving challenges with our patients and their families, our efforts include improved communications capabilities to enhance safety. In order to facilitate patient/provider communication as well as patient/family contact with each other and with healthcare teams, units may receive additional portable devices. The tools below give us a good start, with more to follow.

The devices that may be available to your unit include:

**iPads**
- Instructions on how to use these devices to perform virtual encounters using platforms such as FaceTime and Zoom will be available in the COVID-19 Resource Portal.

**Upgraded MARTII units**
- A recent upgrade to the MARTII unit will allow providers to communicate with patients through the MARTII unit with and without translator services. Instructions for how to use MARTII for virtual encounters will follow in the coming days.

**Computers on Wheels (COWs)**
- We will work to make Zoom available on these devices.

**Cleaning & Decontamination**
- Instructions about appropriate cleaning/decontamination of devices between users will also be available in the COVID-19 Resource Portal.

**Communication Scenarios may include situations like these:**

- **Virtual Family Visitation**
  - *Example: A family member wants to communicate with a patient virtually.*

- **Provider to Patient Virtual Communication**
  - *Example: A provider would like to communicate with a patient without entering the exam room.*

- **Provider to Provider Virtual Communication**
  - *Example: A provider would like to communicate virtually with another provider.*

**Support Services**
For technical support please contact Information Technology: 405-271-8660.
For telemedicine workflow or operational support please contact: telemedicine@oumedicine.com.
10.4 – 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 America (SHEA). Novel Coronavirus 2019 Resources.
APPENDIX
11.1 – Appendix A: AIIR and NAFR Inventory

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>TOTAL AIIR</th>
<th>TOTAL NAFR</th>
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</thead>
<tbody>
<tr>
<td>OU Medical Center</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td>The Children's Hospital</td>
<td>7</td>
<td>12</td>
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<tr>
<td>OU Medical Center Edmond</td>
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<td>6</td>
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<tr>
<td><strong>TOTAL for OU Medicine</strong></td>
<td><strong>17</strong></td>
<td><strong>78</strong></td>
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03/09/2020
## 11.1 – Appendix A: AIIR and NAFR Inventory (Continued)

<table>
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<tr>
<th>LOCATION</th>
<th>Airborne Infection Isolation Room (AIIR)</th>
<th>Negative Air Flow Room (NAFR)</th>
<th>TOTAL AIR</th>
<th>TOTAL NAFR</th>
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<td>TOTAL for OU Medical Center</td>
<td></td>
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*Rooms Require Modifications.*
### Appendix A: AIIR and NAFR Inventory (Continued)

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Airborne Infection Isolation Room (AIIR)</th>
<th>Negative Air Flow Room (NAFR)</th>
<th>TOTAL AIR</th>
<th>TOTAL NAFR</th>
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<td>8th Floor</td>
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<td>Rm # 8122  Rm # 8244</td>
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<td>Rm # 9160</td>
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</table>

**TOTAL for the Children's Hospital** 7 12
11.1 – Appendix A: AIIR and NAFR Inventory (Continued)

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<th>LOCATION</th>
<th>Airborne Infection Isolation Room (AIR)</th>
<th>Negative Air Flow Room (NAFR)</th>
<th>TOTAL AIR</th>
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<td>Rm # 104</td>
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<td>4th Floor Med/Surg</td>
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<td>Rm EME413</td>
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</table>

TOTAL for OU Medical Center Edmond 0 6
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: ( ) ___________________

(MM/DD/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</td>
<td>□ YES</td>
</tr>
<tr>
<td>incidence of COVID-19 within the last 14 days?</td>
<td>□ NO</td>
</tr>
<tr>
<td>If yes, where:</td>
<td></td>
</tr>
<tr>
<td>2. Have you had any of the following symptoms during the past 24 hours?</td>
<td>□ YES</td>
</tr>
<tr>
<td>□ Fever ≥ 100° F</td>
<td>□ NO</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</td>
<td>□ YES</td>
</tr>
<tr>
<td>last 14 days?</td>
<td>□ NO</td>
</tr>
<tr>
<td>4. Have you had a known exposure to a person with suspected/confirmed</td>
<td>□ YES</td>
</tr>
<tr>
<td>COVID-19 (Coronavirus)?</td>
<td>□ 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: ___________________
11.3 – Appendix C: Visitor Screening Tool – Spanish

03/18/2020

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>

<table>
<thead>
<tr>
<th>VISITANTE</th>
<th>Nombre</th>
<th>Fecha de Hoy</th>
<th>Número de Teléfono</th>
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</thead>
<tbody>
<tr>
<td>Apellido:</td>
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<td>Fecha de Nacimiento: (MM/DD/AAAA)</td>
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</table>

<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. ¿Usted ha tenido alguno de los siguientes síntomas durante las últimas 24 horas?</th>
<th>☐ Sí ☐ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibre ≥ 100° F</td>
<td>☐ Tos</td>
</tr>
<tr>
<td>Dificultad para respirar</td>
<td>☐ Dolor en el cuerpo</td>
</tr>
</tbody>
</table>

| 3. ¿Usted ha estado expuesto/a a alguien que está enfermo y haya viajado en los últimos 14 días? | ☐ Sí ☐ NO |

| 4. ¿Ha estado expuesto/a a una persona conocida con sospecha/confirmada de COVID-19 (Coronavirus)? | ☐ Sí ☐ NO |

En caso de responder SÍ a la pregunta #2, #3, y #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, el visitante se le PERMITIRÁ la entrada en la instalación.

Nombre del evaluador: __________________________ Fecha: ________________ Hora: ________________

NOMBRE LETRA DE MOLDE
REFERENCES


