



2023 FAQ: COVID-19 Changes and Updates

PPE Changes and Updates

Q: Can hygiene be performed over gloves?

A: No, gloves must be removed prior to performing hand hygiene. If you are in a patient's room, you may remove your gloves and perform the necessary hand hygiene precautions.

Q: Are we still approved for extended use of N95s/surgical mask/eyewear?

A: No, you must change into a new mask when leaving an isolation room.

Q: Can staff continue to wear the same N95 into a non-isolation room after exiting a COVID room?

A: No, you must change into a new mask when leaving an isolation room.

Q: Can staff continue to wear the same N95 into another COVID isolation room after exiting a COVID room?

A: No, we are no longer practicing extended use. You must change into a new mask once you leave an isolation room.

Q: What should visitors wear when entering a COVID room?

A: Visitors should wear a procedure mask, isolation gown, and gloves. Please note that visitors are no longer required to wear eyewear in a COVID room.

Q: Who can I call if I need help with PPE?

A: PPE Extenders will continue to be available and can be reached through your Voalte phone. PPE Extenders will rove all units where COVID patients are housed to provide support.

Q: What is the recommended eyewear for COVID units?

2023 FAQ: COVID-19 Changes and Updates

A: The organization will be moving to utilize only Coverall glasses and will phase Gumball and Firebird glasses out of the organization. Gumball and Firebird glasses do not protect against blood borne pathogens in splash or spray events and are not approved for use with patients who are in isolation.

Transporting COVID-19 Patients

Q: Why are IACM's/Mist Huts used for COVID patients but not other airborne isolation patients?

A: Mist huts should be used universally for all patients in airborne precautions. Policies and guidelines have been updated to reflect this practice. Use of IACM's were approved under Emergency Use Authorization which has now expired. IACM's will no longer be used moving forward.

Q: Do Mist Huts need to sit for 30 minutes after use?

A: No, Mist Huts do not need to sit after use.

Q: Is a procedure mask acceptable for transport? Or is an N95 required?

A: Nursing staff should assess the task to determine what mask is most appropriate for the task. I.e.: patient is transporting down to CT where the nurse anticipates helping with the patient. The RN should wear an N95. If an RN is transporting a patient to another unit, and the nurse does not expect the need to go into the room, the RN should wear a surgical mask. Wear the appropriate mask for the task.

Q: Do specific routes need to be used to decrease exposure to public/other patients?

A: No, you will not need to take any specific route. COVID patients in University Tower will no longer be required to use the Bariatric drive.

COVID-19 Supplies

Q: Will all units order Mist Huts? Or will this be centralized?



2023 FAQ: COVID-19 Changes and Updates

A: Respiratory Therapy (RT) will house and supply Mist Huts. Nursing units will communicate to RT when a Mist Hut is needed. RT will bring Mist Hut to bedside and assist with transport if needed.

Q: Gumball goggles are not approved for use with isolation, and they are still in use on non-COVID units. Are we converting all eyewear to Coverall safety glasses?

A: Yes, we will be converting to Coverall safety glasses and will phase out Gumball and Firebird glasses. Gumball and Firebird glasses do not protect against blood borne pathogens and should not be used to for splash, spray, or isolation.

Q: What if I would prefer to wear a face shield instead of goggles or glasses?

A: Face shields can be ordered from Med Materials as needed.

Dual RN Workflow

Q: Will Dual RN Workstations be implemented on every unit?

A: No. Dual RN Workstations will be decommissioned. The modified workflow was beneficial when we had a high volume of COVID patients in one area. This process will not be continued after patients are decentralized.

Q: Will 7UT and 5West continue to have Dual Check Workstations?

A: These dual check workstations will be de-commissioned with decentralization and medication dual checks should occur per normal policy thereafter.

One Chart Changes

Q: Who will be documenting on COVID Isolation Assistant?

2023 FAQ: COVID-19 Changes and Updates

A: Providers will be responsible for documenting on COVID Isolation Assistant.

Q: My patient has reached the end of their isolation period, but the infection flag is still red COVID positive. What do I do?

A: **Contact the patient's primary team** for assessment and documentation of the patients COVID-19 symptom status.

Q: If my patient has reached the end of the expected isolation period, but still has a red COVID positive infection flag do they still need to be in isolation?

A: Yes. Isolation orders cannot be discontinued until the status has changed to **Viral Shedding** or **COVID-19: Positive – Isolation Period Complete**.

Q: Who should I contact with questions about COVID flags?

A: The COVID ID team will be stood down. The primary teams will now be responsible for the management and care of COVID patients. Isolation management will be primarily completed via One Chart clinical decision support. For non-urgent questions about isolation, page Infection Control during regular business hours.

COVID Isolation

Q: Will COVID positive patients be allowed to ambulate in the hallway?

A: No, COVID positive patients will not be allowed to ambulate outside their room.

Q: Can active symptomatic COVID-19 patients be placed in semi-private rooms?

A: Yes, patients with active symptomatic COVID-19 infection can be co-horted if they meet the following criteria:

- Symptomatic infection with symptom onset in the last 14 days.

2023 FAQ: COVID-19 Changes and Updates

- Ruled out other respiratory viruses with Respiratory Pathogen Panel or a combination COVID/Influenza/RSV test.

Q: What is the process for use/disinfection for Voalte phones in isolation rooms?

A: You can bring the Voalte phone into the isolation room, however, keep the Voalte phone outside of your PPE to prevent digging in your pockets and to have your phone available to answer patient needs. If you receive a call, answer calls on speakerphone and announce to caller that they are on speaker to prevent any HIPPA violations. Phone must be cleaned with hospital approved disinfectant wipe after use and upon exit from patient room.

Q: Does EVS need to wait after patient's discharge to begin cleaning the room?

A: Yes, EVS will need to wait for 1 hour after discharge to begin cleaning.

Q: Does the 1-hour hold apply to all airborne isolation, or just COVID?

A: This 1-hour hold is true for all airborne isolation rooms.

Q: Does security need to wait for 1 hour after a patient's death to remove their body?

A: No, but full PPE is required prior to the 60-minute mark.

Q: Should security be donning PPE to expedite bed turn around?

A: Yes, security should go in wearing an N95. However, the room still must be on hold for 1 hour.