COVID-19 FAQs

Updated 3/4/2020

THE QUEEN'S HEALTH SYSTEMS

1. **Who is at risk for having COVID-19?**
    a. As of 03/03/20, the CDC provides the following guidance on Persons Under Investigation (PUI):

	Clinical Features	&	Epidemiologic Risk
1	Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
2	Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas within 14 days of symptom onset
3	Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	**AND**	No source of exposure has been identified

** As of 03/03/20, affected areas include: China, South Korea, Italy, Iran, Japan, Singapore, Hong Kong, Taiwan, Thailand

    b. Because this is rapidly changing, please check for the most current "Interim Guidance for COVID-19" on the intranet: http://eww1.queens.org/ic/corona.html

2. **What should I do if I have a patient suspected of having COVID-19?**
    a. **Isolate**: If a patient meets the criteria for a Patient Under Investigation,
        1. Put a mask on the patient
        2. Place the patient in appropriate isolation conditions
            I. In clinics:
                - Place the patient in a private room with the door shut
                - **Required PPE:** N95 Respirator + Gown + Gloves + Eye Protection (face shield/goggles)
            II. In the hospital:
                - Place the patient in an **airborne isolation** room. Patient should have airborne and contact precautions.
                - **Required PPE**: N95 Respirator + Gown + Gloves + Eye Protection (face shield/goggles)

b. **Inform**: ASAP, contact your facility's Infection Prevention and Control Team (call your hospital's operator) to assist you in further evaluation and to contact the state Department of Health.

3. What is Queen's doing about COVID-19?

a. Our Emerging Infectious Disease (EID) Committee meets 3x/week to monitor and plan our response around influenza and COVID-19.
b. All clinics and Emergency Departments are screening for COVID-19 using criteria developed by the CDC. This includes evaluation of (1) symptoms of and (2) exposure risk for COVID-19 (see above).
c. At Queen's PB and Queen's West, we are doing temperature and symptom screening of all visitors and staff for influenza. We are restricting visitors who are ill or younger than age 12.
d. We are ensuring our facilities have the proper protocols, equipment, supplies and personnel to care for patients with COVID-19.

4. How do I protect myself (and others) from getting COVID-19?

a. Stay home if you are sick. Go home directly if you begin to feel ill during your shift, you do not have to see Employee Health.
b. Get vaccinated against influenza. It won't protect you against COVID-19, but will against influenza.
c. Use the appropriate PPE when caring for our patients (see below for more details).
d. Practice social distancing. This means avoiding handshakes, hugs and aloha kisses. Consider the "elbow" or "fist bump."
e. The best way to prevent transmission of any respiratory illness is to follow everyday preventive actions: wash your hands often with soap and water or an alcohol-based hand sanitizer with at least 60% alcohol for at least 20 seconds; avoid touching your eyes, nose and mouth; stay home when sick; practice social distancing and avoid unnecessary close contact; practice cough etiquette; clean and disinfect frequently-touched objects and surfaces; avoid travel to high risk areas as identified by the CDC at https://wwwnc.cdc.gov/travel.

5. How is this Coronavirus spread?

a. Person-to-person through respiratory droplets produced when an infected person coughs or sneezes. People are thought to be most contagious when they are symptomatic. Symptoms may show up 2 - 14 days after exposure.
b. Contact with infected surfaces or objects.

6. **What isolation is required?**
    a. Practice standard precautions and place the patient in contact and airborne isolation. Use eye protection, either face shield or goggles (personal eyeglasses are not sufficient).
    b. If an airborne isolation room is not available, place a mask on the patient and keep the patient in a private room with the door closed. Use PPE as described below.
    c. Limit contact with patients to essential personnel only.

7. **What PPE is required when working with rule-out COVID-19 patients?**
    a. Gloves
    b. Gowns
    c. N95 respirator (respirator fit testing is required annually). If respirators are not available in your area, wear a face mask in addition to the patient continuing to wear a face mask.
    d. Eye protection: face shield or goggles (personal eye glasses are not sufficient).

    (http://eww.queens.org/ic/corona/RequiredPPE_COVID-19v02.13.2020.pdf)

8. **In what order should I put on and take off my PPE?**
    a. Donning
        1. Gown
        2. Respirator
        3. Face shield
        4. Gloves
    b. Doffing
        1. Gloves/Gown together (in the room)
        2. Face shield (in the room)
        3. Respirator (outside the room)

9. **What should I do with my used PPE?**
    a. Used PPE can go into the regular trash.

10. **What PPE is required when transporting a rule-out patient?**
    a. Transport and movement of patients outside of the room should be limited to medically-necessary purposes.
    b. Place a face mask on the patient and follow respiratory hygiene/cough etiquette (special consideration should be made if the patient cannot tolerate wearing a face mask).

c. If direct patient care is anticipated during transfer, a dedicated care provider should accompany the patient. They must don appropriate PPE and refrain from contacting the environmental surfaces.

11. How is a room cleaned after confirmed patient use?

a. No special cleaning and disinfection is required beyond the usual procedures for rooms occupied by patients with COVID-19.
b. After the patient has been discharged, the patient's nurse shall call housekeeping to request "terminal cleaning" with removal of curtains. The isolation signs shall remain on the door until housekeeping has completed the terminal cleaning.
    - Airborne isolation rooms must remain vacant for **35 minutes** after the patient has left.
    - Non-airborne isolation exam rooms must remain vacant for **70 minutes** after the patient has left.
c. Patient rooms will be cleaned daily per the Infection Prevention and Control Contact Isolation Policy (IC-XX-33-B) and Airborne Isolation Policy (IC-XX-36-B).

12. I think my patient has COVID-19, but the Department of Health does not want to do testing. Why not and what should I do?

a. The DOH is likely following the CDC guidelines for PUI and diagnostic testing.
b. The DOH has ultimate control over who will receive diagnostic testing. QHS follows the recommendations of the DOH with regards to diagnostic testing and quarantine procedures.

13. How do I clean equipment that went into a confirmed patient's room?

a. The usual hospital-approved disinfectant wipes should be used, ensuring that surfaces remain visibly wet per manufacturer's instructions for use. Make sure that the equipment is compatible with the wipes being used.
b. Waste generated in the care of a patient with confirmed COVID-19 does not require additional precautions. CDC's guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

14. Can staff reuse supplies and unused medications that were in the confirmed patient's room?

a. It is not appropriate to reuse supplies that have been in the patient's room.
    - Use dedicated, disposable supplies and equipment whenever possible.
    - Limit the amount of supplies in the isolation room.

- Dedicate reusable equipment to the patient and disinfect upon discharge.

15. Will staff be allowed to return to work if they recently traveled to HIGH RISK areas identified by the CDC?

a. Staff who have been to China in the last 14 days require federally mandated quarantine.
b. Staff who travel internationally to other high-risk areas (see below) must notify their managers and have a COVID-19 risk assessment done by Employee Health prior to returning to work. Staff without symptoms may return to work, but must stay home if symptoms develop.
c. As of 03/03/20, the high-risk areas are: China, South Korea, Italy, Iran, Japan, Singapore, Hong Kong, Taiwan, Thailand.

16. What specimens are required for testing?

a. 2 nasopharyngeal specimens will be collected (same as flu test). One will be used to run the Respiratory Panel to possibly find another reason for the symptoms and the other will be sent to DOH for the COVID-19 testing.
b. At this time, testing for COVID-19 will ONLY occur upon approval from DOH. If you are attempting to seek testing for COVID-19, DOH will need to be consulted.

17. Which units are dedicated for rule-out cases?

a. At Punchbowl, our primary locations for receipt of suspect/confirmed patients will be T4M for telemetry and ICU patients, and T9D for medical/surgical patients.

18. How do I locate updates on a patient's infection status for a patient in CareLink?

a. Once finalized, Infection Control will update a patient's infection status with "COVID rule-out" and make a progress note regarding any communication and updates from the DOH.

19. How do I report rule-outs after hours?

a. Call your facility's operator and ask to be transferred to the Infection Prevention and Control coordinator on-call.

20. Where can I look for more information?

a. Queen's Infection Prevention and Control page on the intranet (http://eww.queens.org/ic/corona.html)
b. Hawaii State Department of Health (https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/#resources)

c. The Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

21. What do I tell visitors?

a. Visitors of suspect or confirmed patients should be limited.
b. Nurse must educate visitors entering isolation rooms on how to don and doff Personal Protective Equipment properly and safely, and practice good hand hygiene.
c. Anyone who exhibits signs or symptoms of a respiratory illness is not allowed on the units.

22. When should I use a PAPR (Positive Air-Purifying Respirator)

a. At this time, PAPRs should be used only for those whose facial structure cannot be fit for N95 respirators.
b. A health assessment and specific training must be completed before PAPRs can be used safely.
c. PAPRs are for single use only. We have a limited number of PAPRs available and utilization is tracked closely.
d. After use, follow the IFUs for disinfection.

23. I heard there is a shortage of Personal Protective Equipment. Is that true?

a. QHS is closely monitoring our PPE supplies. We currently do not have a shortage based upon rational usage rates.
b. We are doing everything we can to secure adequate supplies to care for our patients.
c. We are tightly controlling N95 respirators in order to reserve them for patients requiring respiratory isolation.

24. What is the treatment for COVID-19?

a. At this time, there is no vaccine to protect against COVID-19 and no medications approved for treatment. People who are infected should receive supportive care to help relieve symptoms.