

COLLEGE OF POPULATION HEALTH

*Spread the Science, NOT the Virus*  
*Safety Series*

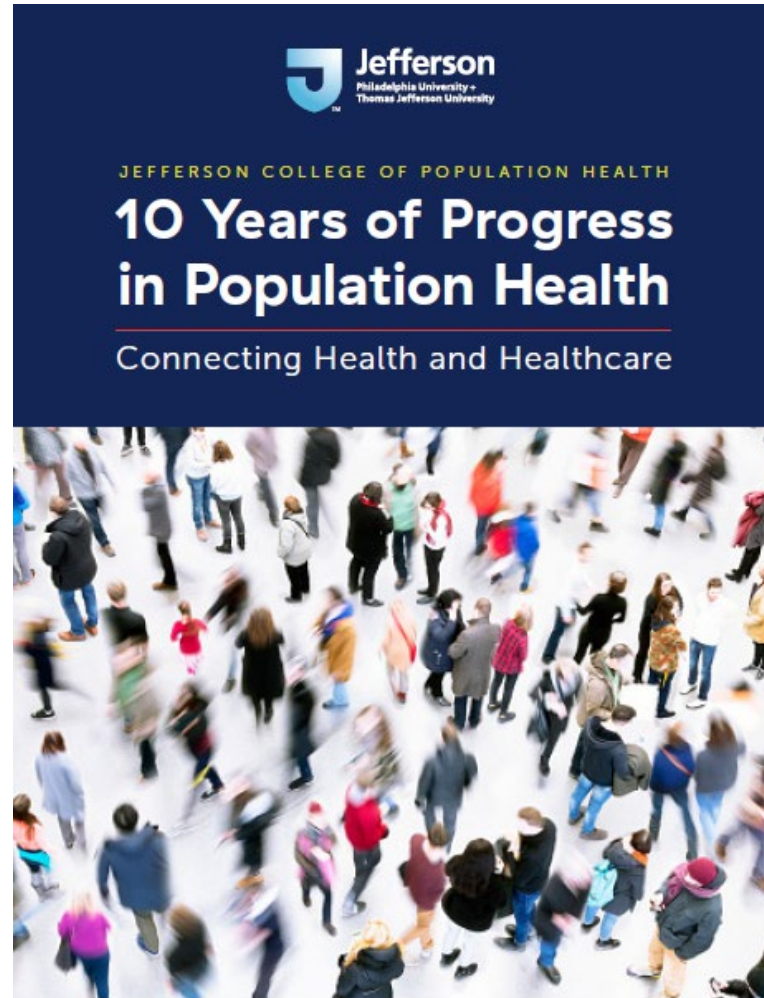
**A Safe Environment of Care: Lessons from COVID-19**  
**Texas Hospital Association**

June 15, 2021 | 4:00-5:00 pm ET



**Jefferson**  
Thomas Jefferson University

# Jefferson College of Population Health



# A Safe Environment of Care: Lessons from COVID-19

## Featuring



**Elizabeth Johnson, MSHP**  
Director of Rehabilitation Services  
Peterson Health



**Karen Kendrick, MSN, RN, CPHQ**  
Vice President of Clinical Initiatives  
Texas Hospital Association



**Firas Zabaneh, MT, MBA**  
Director of System Infection  
Prevention and Control  
Houston Methodist



**Robert Hendler, MD**  
Chief Medical Officer  
Texas Hospital Association

## Presented by



**THA**  
Texas Hospital Association

# SPOT: A Communication Tool

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**Director of Rehab Services**

**Cheyenne C. Holmes, BSN, RN, CRRN**  
**Acute Rehab Clinical Coordinator**

*Peterson Health, Kerrville, TX*



# Peterson Regional Medical Center



- 124-bed non-profit Acute Care Hospital
- 26-Bed CARF-Accredited Acute Rehabilitation Unit
- Recipient of the 2020 Texas Governor's Quality Award
- Recipient of the National Rural Health Association's top 20 Rural Community Hospital Award
- Named one of Modern Healthcare's best places to work in 2021
- Peterson is a Leapfrog A Hospital
- We are located in the heart of the beautiful Texas Hill Country. Kerrville is a popular retirement destination

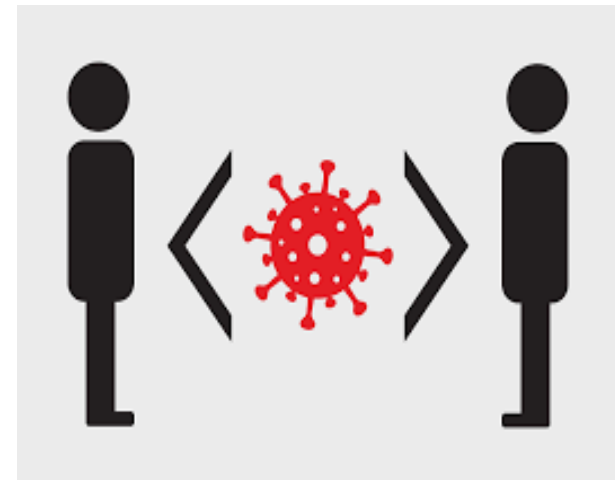
# Scenes from the Pandemic

elevatinghealth



# Early Pandemic

- Focus was on keeping our patients safe
- Safety = protection from others
- Protection from others = isolation



# Technology

- Mobile communication technology helped to promote and facilitate communication during visitation restriction
- However, many seniors did not have access to technology





# Technology Barriers

- Some seniors are not comfortable with or do not own a mobile device
- Research indicates only about 60% of seniors own a smart phone
- Technology ownership decreases with lower income or advanced age
- Some hospitalized patients are not able to use a smart phone or cell phone due to reduced physical function or cognition

# SPOT Report

- The SPOT Report is a template which ensures that communication with families is structured and predictable
- Easy to use--does not require staff training or intensive preparation
- Customizable for each patient. Sensitive to HIPAA requirements

# Getting Started with a Communication Plan

- Determine who the contact person will be
- Verify the contact phone number
- Agree on a good time to call
- Review and familiarize the stakeholders on what information will be reviewed in the SPOT report
- Suggest family prepare their questions in advance



## SPOT Report Tool

<i>Patient name and room number</i> →						
<b>S</b> pirit						
<b>P</b> ain						
<b>O</b> verall medical status						
<b>T</b> reatments						

# S-SPIRIT

- How is the patient's spirit?
- What is their mood like?
- What support is available?

# P-PAIN

- How is their pain today?
- How is it being controlled?
- Is it getting better or worse?

# O-Overall Medical Status

- Some examples of information provided:
  - Pending tests
  - Test results
  - Have there been any medication changes?
  - How well is the patient sleeping?
  - How is their appetite?

# T-Treatments

- Therapy progress (PT, OT, ST, RT)
- Caths, bladder, bowel
- Blood transfusions



# On-going Benefits of the SPOT Tool

- We continue to use the SPOT tool even as COVID numbers improve and visitation restrictions are eased
- Applicable to out-of-town families and family members who are not able to visit (example: folks who don't drive)
- Overall reduction of outside calls to nurses (i.e., time saving!)



# OUR JOURNEY THROUGH THE PANDEMIC

Creating a safe environment of care during the height of COVID-19

Firas R. Zabaneh, MT (ASCP), CIC, CIE, MBA, FAPIC

06/15/2021



# Houston Methodist

- Founded by the Methodist Church in 1919
  - 8 hospitals - 2,541 operating beds/ comprehensive residency program / 8,268 affiliated physicians
  - Academic research institute
  - Specialty Physician Group with 775 physicians at 164 locations
  - Primary Care Group with 148 physicians at 39 locations
  - Affiliated with Weill Cornell Medicine, New York Presbyterian Hospital and the Texas Annual Conference of the United Methodist Church



# Houston Methodist

Houston Methodist Hospital

HOUSTON  
**Methodist**<sup>®</sup>  
LEADING MEDICINE



# Houston Methodist



HM Sugar Land



HM Willowbrook



HM West

# Houston Methodist



HM Baytown



HM Woodlands

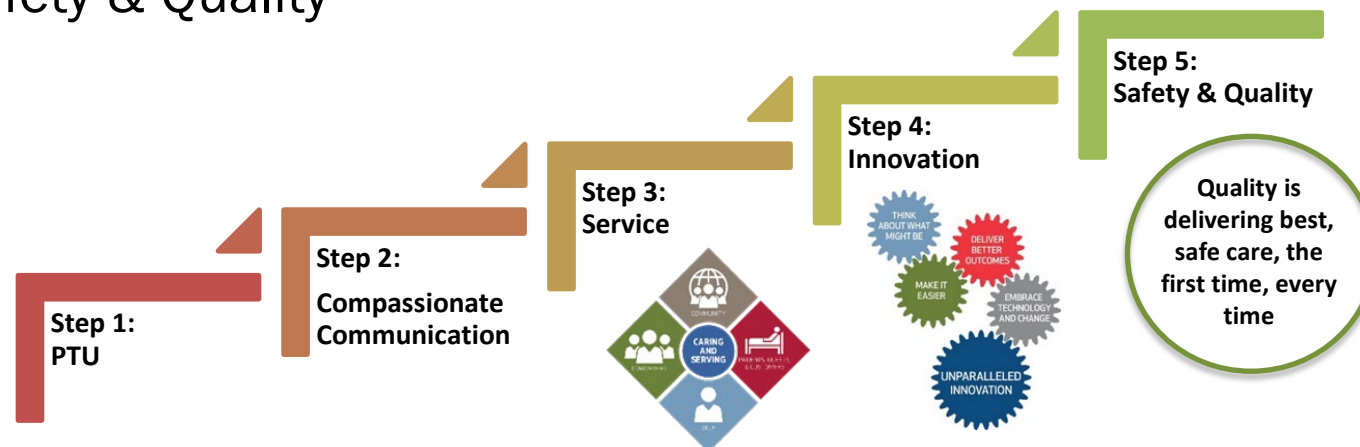


HM Clear Lake



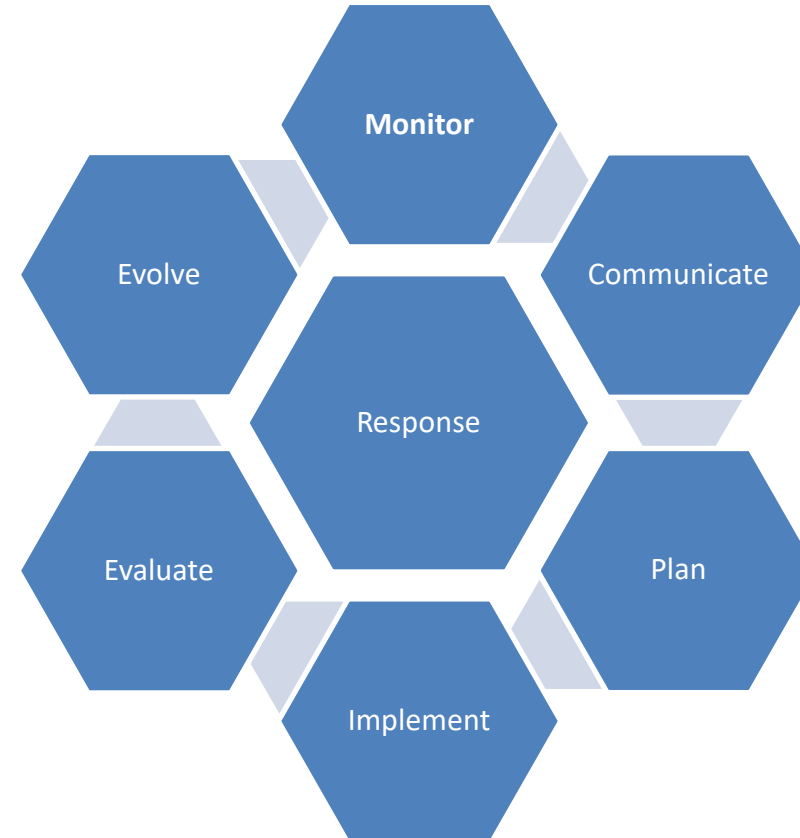
HM Continuing Care - LTAC

- OUR MISSION
  - To provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.
- Guided by our I CARE values
  - Integrity, Compassion, Accountability, Respect, Excellence
- Pathways to Unparalleled
  - Step 5: Safety & Quality



# Our Journey Through the Pandemic

- Lessons learned from previous outbreaks
  - 2003 SARS-CoV-1
  - 2009 H1N1
  - 2013-2016 – Ebola-West Africa
  - 2018–2020 Ebola - DRC
- Emerging Infectious Disease Response Plan
  - Monitor, Communicate, Plan, Implement, Evaluate, Evolve
  - Collaborate in every step – The value of relationships





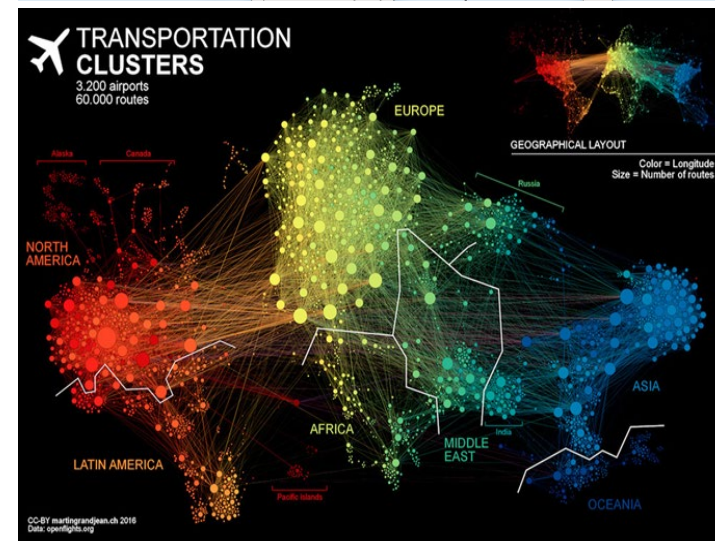
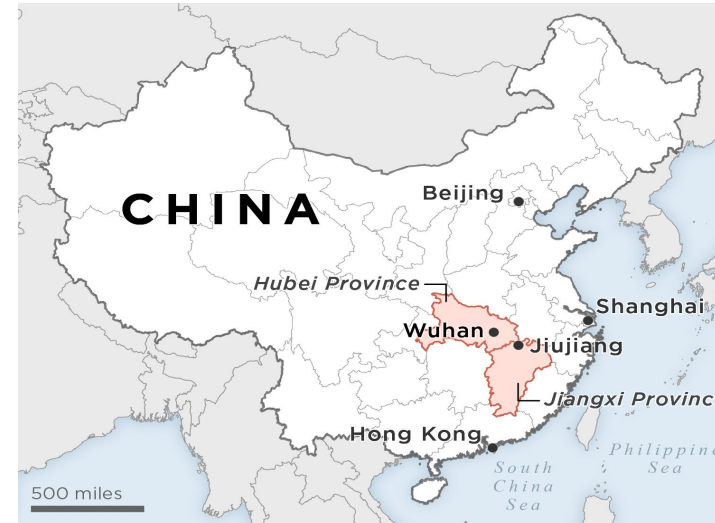
# Monitoring

Assessing threat level – Measured response

- Routinely monitor emerging infectious disease outbreak alerts and information
  - CDC, State Department, HAN alerts
  - FDA, EPA
  - Pro-med – Daily alerts related to human and zoonotic diseases
  - Global Biodefence, CIDRAP, MSF (Ebola), NETEC
  - WHO, World Meter, Johns Hopkins
- Monitor national and international guidelines – Rapid changes as conditions develop
  - CDC – multiple websites (COVID-19, NIOSH, Emerging infectious disease journal)
  - WHO, Health Canada, Queensland Health, MSF, NETEC

# The Outbreak

- ProMed Outbreak Alert 12/30/2019
  - Undiagnosed pneumonia in humans – Wuhan, Hubei province
  - Official alert to medical institutions
  - “South China Seafood Market in our city has seen patients with pneumonia of unknown cause one after another.”
- Houston, we have a problem



<https://www.visualcapitalist.com/air-traffic-network-map/>

# Initial Response

- Communicate with all relevant stakeholders
- Develop protocols for screening at all points of entry (EMR screening tools, algorithms, forms, etc.)
- Monitor alerts and communications from reliable sources
- Prompt response to changes in conditions
- On-call IC resources to address concerns
- Collaborate with public health authorities (local, state, and CDC)
- Monitor PPE supplies and engaging vendors as necessary – supply chain
- Surge planning

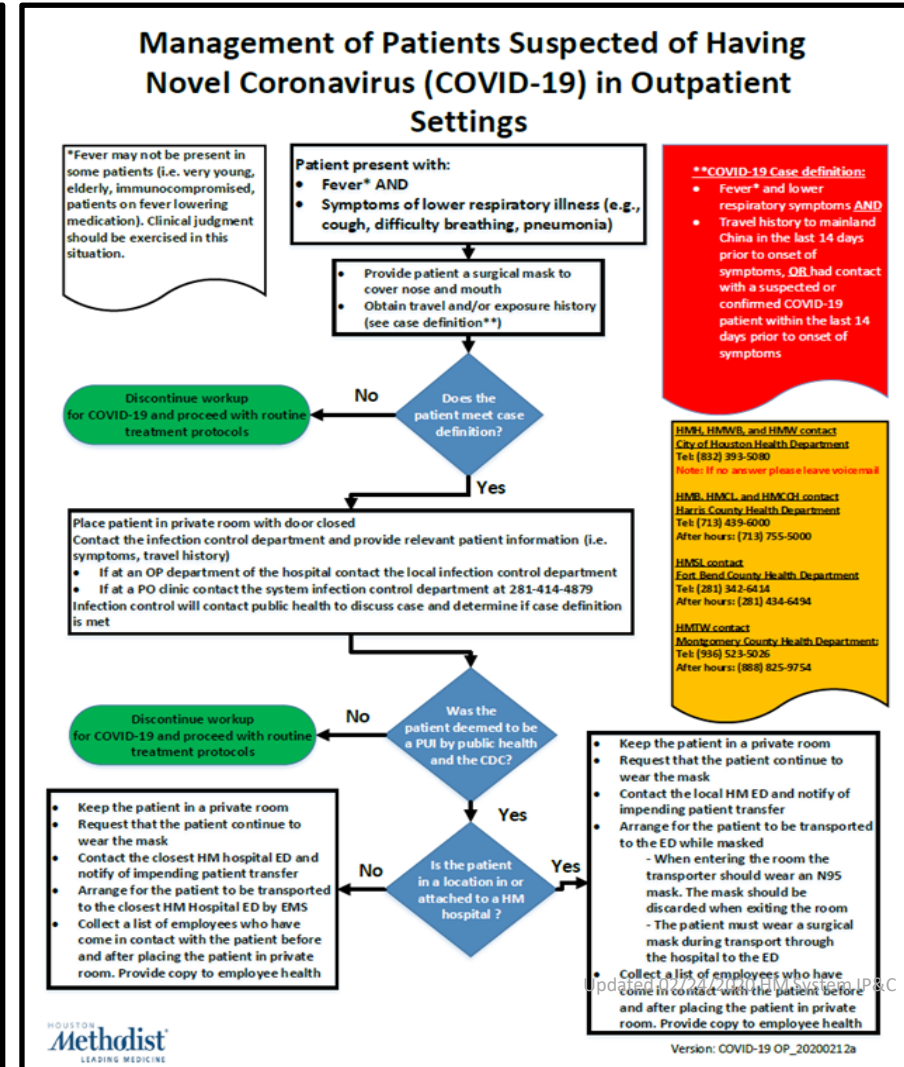
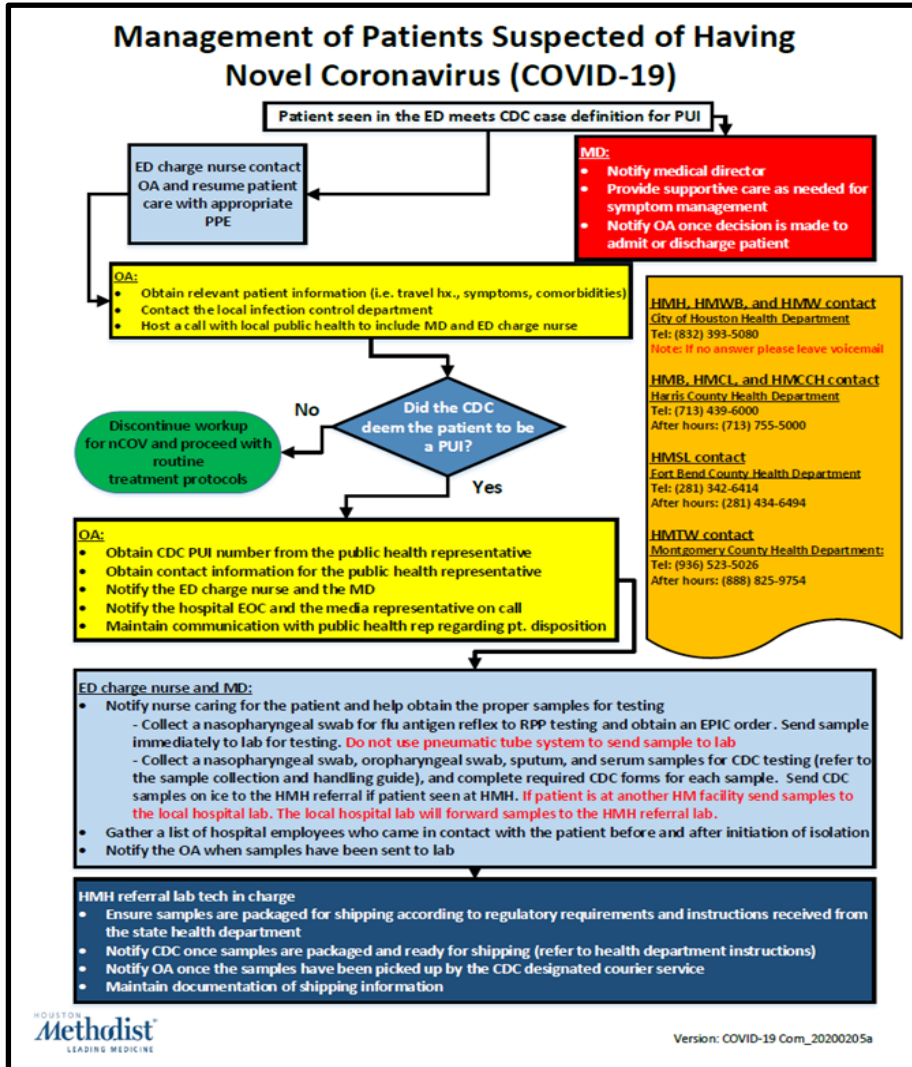


Volunteers disinfecting a housing complex in Taizhou, a city in China's Zhejiang Province that has had many coronavirus infections.  
Credit...China Daily/Reuters/NYT 2/15/2020



South Korean soldiers wearing protective gear move to spray disinfectant as part of preventive measures against the spread of the coronavirus, at Dongdaegu railway station in Daegu.  
PHOTO: -/AGENCE FRANCE-PRESSE/GETTY IMAGES/ WSJ/ 2/29/2020

# COVID-19 RESPONSE PLAN



- First screen with potential PUI 1/24/2020
  - Patient with travel history to China
  - Raised many concerns related to public health readiness to respond
    - No clear directions from local public health
    - No clear directions from the state health department
    - Difficulty in communication with the CDC (sample collection, transport, paperwork, timeline for results, etc.)
- First COVID-19 patient 3/3/2020
  - Patient with history of travel to Egypt
  - Presumptive positive by city health lab

# System Incident Command

- Started 1<sup>st</sup> week of March 2020
  - Unified response
  - Single source of information outflow
  - Representation from all stakeholders
  - Breaking down the silos
    - System directions to individual facilities
    - Feedback from facilities to system
    - Standardized processes for patient care (i.e., infection control, and treatment practices)
    - Collaborative dialogue and actions among relevant departments

# Sustained Response Communication

- Multimodal
- COVID Resource Guide
  - Internet access
  - Modules relevant to all stakeholders
  - Infection control module outline standardized processes
    - Infection prevention processes
    - Treatment algorithms

The screenshot shows the Houston Methodist website's COVID-19 resource page. At the top, there is a navigation bar with the Houston Methodist logo and a search bar. Below the navigation bar, a blue banner reads "COVID-19 Resources for Employees and Physicians". The main content area features a grid of teal-colored boxes, each with a title and a "Learn more" button. The boxes are: "Infection Control Resources", "CAP and Other HR Changes", "Frequently Asked Questions", "LaborWorkx Timecard Coding", "Employee Communications", "Helping Hands Labor Pool", "Employee Health Protocols", "Remote Work Resources", "Medical & Emotional Care for Employees", and "Vaccine Information". To the right of the grid is a section titled "HM In the News" with a list of news items from various sources, including Washington Post, Houston Chronicle, The Wall Street Journal, NY Times, and Houston Chronicle, with dates ranging from July 27 to May 21.

# Sustained Response






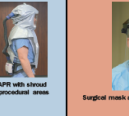

The screenshot shows the Houston Methodist website's navigation menu with categories like Pay, Incentives & Savings, Health & HealthyDirections, Protection & Perks, Time Off & Career, Family & Community, and Tools & Resources. Below the menu is a search bar and a 'Home' icon. The main content area is titled 'Infection Control Resources' and includes a 'Guidelines and Protocols' section with links to a Clinical Resource Guide, Signs for Infection Control, Social Distancing, Staying Safe at Home and at Work, and Interim Infection Control Guidelines for Return to Work Settings. There is also an 'LMS Modules' section with text about additional education pieces. A prominent orange box on the right side of the page is titled 'COVID-19 Key Resources' and contains contact information for Houston Methodist employees, including an 'askCOVID Email' icon, an 'HR Hub' icon, the phone number 832.667.6211, and an 'Email' icon. A button labeled 'Back to COVID-19 Resources Home' is located above the orange box.

The screenshot shows the 'COVID-19 CLINICAL RESOURCE GUIDE' page on the Houston Methodist website. The page features a list of resources categorized into several sections: PPE (updated 04/21/2021) with links to Disposable Gown and Competency; Face Shields, Masks, Respiratory & Eye Protection (updated 04/12/2021) with links to N95 Respirator Seal Check Procedure, Extended Use Mask, Respiratory & Eye Protection: Assessing Functionality, Disinfecting, and Donning/Doffing (including Respiratory & Eye Protection Competencies), and Face Shield Guidance; Infection Control Guidance with links to Interim Guidelines for Return to Work (NEW), Isolation Changes for COVID-19 Patients (FAQ), Precautions for Patients Confirmed or Suspected to Have COVID-19, Infection Control Guidance by Location, COVID-19 Isolation Signs, Respiratory Therapy Sign, Isolation Practice Changes, Outpatient Care Guidelines, and Personal Protection Pod (Tip Sheet | Video); Visitation with links to Visitor Policy and NICU Visitation Guidelines; Environmental Cleaning/Disinfectant Material (updated 6/15) with links to COVID-19 Environmental Cleaning and COVID-19 Approved Disinfectants; Clinical Algorithms (updated 8/18) with links to AGP Risk Mitigation Guidelines for Respiratory Protection (including Respiratory Protection FAQ) and SARS-Cov-2/COVID-19 Treatment Algorithm; Pressure Injury with links to Self-Positioning Guidance for Patients (English | Spanish), Prone Positioning Guideline for Non-Intubated Patients, and Houston Methodist ICU Prone Algorithm; and Miscellaneous Documents with links to COVID-19 Collection Kits - Laboratory Medicine, Houston Methodist Clinical Trials Active and Enrolling Patients, and Valet Guidance. The Houston Methodist logo is in the top right corner. The page number '32' is in the bottom right corner, and the text 'COVID-19 ICP 05242021' is at the very bottom right.



# Guides and Tools

## Precautions for Patients Suspected or Confirmed COVID

	Acute Care Patient with No Aerosol Generating Procedures	Patient with Intermittent Aerosol Generating Procedures	Critical Care Patient with Continuous Aerosol Generating Procedures	Emergency Room Care	Patients in procedural areas	Care of patients in OB
<b>Precautions</b>	Standard + Droplet + Contact + Eye Protection	Standard + Modified Droplet + Contact + Eye Protection	Standard + Airborne + Contact + Eye Protection	Standard + Modified Droplet + Contact + Eye Protection	Standard + Modified Droplet + Contact + Eye Protection	Standard + Modified Droplet + Contact + Eye Protection
<b>Patient Placement</b>	Standard room with door closed	Standard room with door closed	Negative pressure room (when available) or standard room	Negative pressure room (when available) or standard room	Procedure room	Delivery room
<b>PPE</b>	Gloves + Gown + Surgical Mask + Face Shield	Routine Care: Gloves + Gown + Surgical Mask + Face Shield Aerosol Generating Procedures: Gloves + Gown + N95 Mask + Face Shield OR Gloves + Gown + Reusable PAPR	Gloves + Gown + N95 Mask + Face Shield OR Gloves + Gown + Reusable PAPR	Gloves + Gown + Extended Use N95 Mask + Face Shield <i>*Extended use* means a health care provider may wear an N95 mask and face shield continuously for 8 hours while caring for patients. Masks should be replaced if pulled or wet. Faces should be decontaminated between patient care encounters.</i>	Gloves + Gown + N95 Mask + Face Shield OR Gloves + Gown + Reusable PAPR	Gloves + Gown + N95 Mask + Face Shield
<b>Mask and Face Shield Selection</b>	 Surgical mask and eye protection for routine care if no extended wear	 Surgical mask and eye protection for routine care	 N95 mask and full length face shield during routine care	 N95 mask and full length face shield during routine care	 N95 and face shield in procedural areas OR  PAPR with shield in procedural areas	 Surgical mask and eye protection for routine care
<b>Transport</b>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>	While prepping the patient for transport, wear all applicable PPE listed above. While transporting a patient in the hallway, the patient will wear a surgical mask and the transporter(s) will wear a surgical mask + a face shield. <i>If a patient requires close contact intervention during transport, the health care provider performing intervention must wear all applicable PPE above for close contact.</i>
<b>Room Clearance After Aerosol Generating Procedures</b>	Not applicable	15 minutes Surgical masks can be worn 15 minutes after procedure ends	Not applicable	15 minutes Surgical mask can be worn 15 minutes after procedure ends	Operating rooms: 3-5 minutes; Interventional radiology: 5 minutes; Cath Lab: 3-5 minutes; Bronchoscopy: 5 minutes; Endoscopy: 10 minutes <i>Note: Only personnel involved in the aerosol generating procedure (AGP) should wear their masks or PAPRs. Other personnel in the room during AGP (i.e. high flow oxygen) should stay at least 6 feet away from site of procedure while wearing a surgical mask. Personnel performing delivery can wear surgical masks instead of an N95 mask.</i>	Delivery room: 15 minutes <i>Note: Only personnel involved in the aerosol generating procedure (AGP) should wear N95 masks or PAPRs. Other personnel in the room during AGP (i.e. high flow oxygen) should stay at least 6 feet away from site of procedure while wearing a surgical mask. Personnel performing delivery can wear surgical masks instead of an N95 mask.</i>

**Aerosolizing Procedure** – Intubation and related procedures (manual ventilation and suctioning); CPR; bronchoscopy; autopsy  
**Intermittent Aerosolization** – Nebulizer/ IPV treatments (metered dose inhalers recommended instead, however need to work with Pharmacy); Bronchoscopy procedures; Intubation; Possibly while ventilator components are changed if flow cannot be suspended  
**Continuous Aerosolization** – High flow devices (trach collars, face tents, etc.); Heated high flow devices; BiPAP/CPAP; Non-invasive positive pressure ventilation; Continuous nebulizer treatments not on vents

## DO NOT ENTER!

Please follow proper respiratory protection protocols indicated by the patient's current condition. Once room clearance time is achieved, please remove this document and return to the nursing unit.



START TIME: \_\_\_\_\_ STOP TIME: \_\_\_\_\_

! Room clearance is achieved 15 minutes after the stop time.



**VISITORS — DO NOT ENTER. PLEASE ASK NURSE FOR ASSISTANCE.**



KEEP DOOR CLOSED. WEAR GLOVES, GOWN, MASK AND FACE SHIELD BEFORE ENTRY. DISCARD OR CLEAN AFTER EXIT.



CLEAN HANDS WITH ALCOHOL HAND SANITIZER. WASH HANDS WITH SOAP IF VISIBLY SOILED.



LIMIT PATIENT TRANSPORT. PATIENT AND TRANSPORTER(S) MUST WEAR MASK DURING TRANSPORT.

## STOP

### DROPLET & CONTACT PRECAUTIONS

PRECAUCIÓN GOTILLA Y CONTACTO

ALTO

IN ADDITION TO STANDARD PRECAUTIONS

**VISITANTES — NO ENTRAR. POR FAVOR PIDA AYUDA A UNA ENFERMERA.**



MANTENGA ESTA PUERTA CERRADA. PONGASE UNA MASCARILLA, BATA, GUANTES Y CARETA ANTES DE ENTRAR. DESECHE DESPUÉS DE SALIR.



LAVE SUS MANOS SI ESTÁN VISIBLEMENTE SUCIAS. DESINFECTE SUS MANOS SI NO ESTÁN VISIBLEMENTE SUCIAS.



LIMITE TRASLADAR AL PACIENTE EL PACIENTE Y TRANSPORTADOR(S) DEBEN PONERSE UNA MASCARILLA CUANDO SEA TRASLADADO.

**VISITORS — DO NOT ENTER. PLEASE ASK NURSE FOR ASSISTANCE.**



KEEP DOOR CLOSED. WEAR GLOVES, GOWN, N95 MASK\* AND FACE SHIELD OR GLOVES, GOWN AND PAPR BEFORE ENTRY. DISCARD AFTER EXIT.



CLEAN HANDS WITH ALCOHOL HAND SANITIZER. WASH HANDS WITH SOAP IF VISIBLY SOILED.



LIMIT PATIENT TRANSPORT. PATIENT AND TRANSPORTER(S) MUST WEAR MASK DURING TRANSPORT.  
\*Use surgical mask, NOT N95, for routine care.

## STOP

### MODIFIED DROPLET & CONTACT PRECAUTIONS<sup>1</sup>

PRECAUCIÓN MODIFICADA DE GOTILLA Y CONTACTO

ALTO

IN ADDITION TO STANDARD PRECAUTIONS

**VISITANTES — NO ENTRAR. POR FAVOR PIDA AYUDA A UNA ENFERMERA.**



MANTENGA ESTA PUERTA CERRADA. PONGASE GUANTES, BATA, UNA MASCARILLA N95\* Y CARETA O GUANTES, BATA Y PAPR ANTES DE ENTRAR. DESECHE DESPUÉS DE SALIR.



LAVE SUS MANOS SI ESTÁN VISIBLEMENTE SUCIAS. DESINFECTE SUS MANOS SI NO ESTÁN VISIBLEMENTE SUCIAS.



LIMITE TRASLADAR AL PACIENTE EL PACIENTE Y TRANSPORTADOR(S) DEBEN PONERSE UNA MASCARILLA CUANDO SEA TRASLADADO.  
\*Use surgical mask, NOT N95, for routine care.

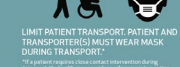
**VISITORS — DO NOT ENTER. PLEASE ASK NURSE FOR ASSISTANCE.**



NEGATIVE PRESSURE ROOM. KEEP DOOR CLOSED. WEAR GLOVES, GOWN, N95 MASK AND FACE SHIELD OR GLOVES, GOWN AND PAPR BEFORE ENTRY. DISCARD MASK AFTER EXIT.



CLEAN HANDS WITH ALCOHOL HAND SANITIZER. WASH HANDS WITH SOAP IF VISIBLY SOILED.



LIMIT PATIENT TRANSPORT. PATIENT AND TRANSPORTER(S) MUST WEAR MASK DURING TRANSPORT.

## STOP

### AIRBORNE & CONTACT PRECAUTIONS

PRECAUCIÓN DE TRANSPORTE DE AIRE Y CONTACTO

ALTO

IN ADDITION TO STANDARD PRECAUTIONS

**VISITANTES — NO ENTRAR. POR FAVOR PIDA AYUDA A UNA ENFERMERA.**



MANTENGA ESTA PUERTA CERRADA. PONGASE GUANTES, BATA, UNA MASCARILLA N95\* Y CARETA O GUANTES, BATA Y PAPR ANTES DE ENTRAR. DESECHE DESPUÉS DE SALIR.



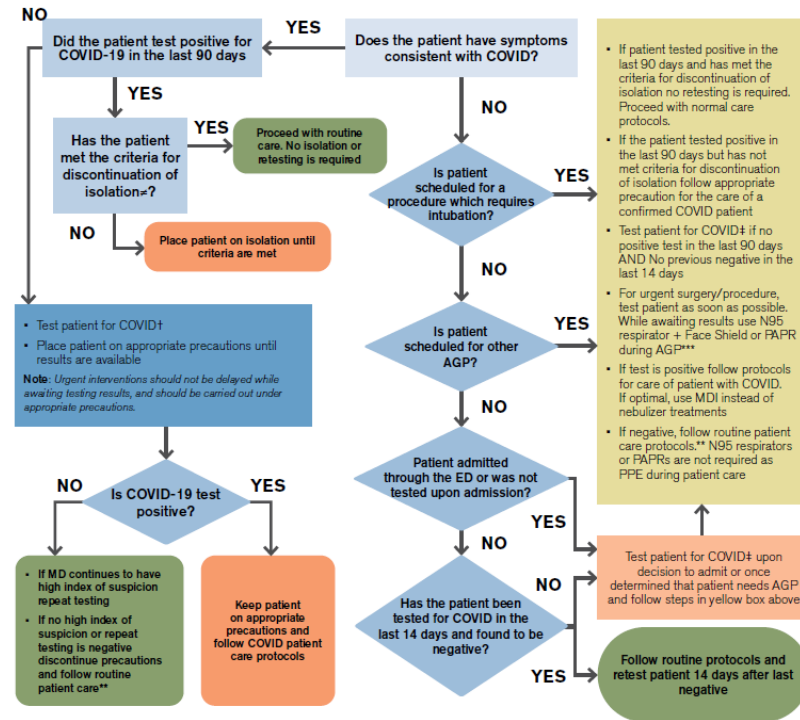
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\*Use surgical mask, NOT N95, for routine care.

# Algorithms and Tip Sheets

## Risk Mitigation Guidelines for Respiratory Protection When Caring for Patients With an Unknown COVID Status Who Require AGP\*



\* AGP = Aerosol generating procedures/treatments  
 † For patients with symptoms consistent with COVID please use the **COVID-19 Qualitative PCR – Suspected** order set in Epic.  
 ‡ For asymptomatic patients please use the **COVID-19 Qualitative PCR – Pre-Procedure or Non-PUI Assessment** order set in Epic.  
 \*\* Patients with prolonged admission should be retested 14 days after initial negative test, and every 14 days thereafter. If symptoms appear or there has been significant change from patient's baseline, retest for COVID ASAP.  
 \*\*\* AGP should be conducted in private rooms with door closed. If AGP must take place in open bay area, measures should be taken to reduce dispersion of aerosols (closed curtains, tenting, etc.). Only essential personnel should be present during AGP. Personnel conducting the treatment should don an N95 respirator + Face Shield, or a PAPR.  
 = Refer to the [Guidelines for the Discontinuation of Isolation of COVID-19 Patient.](#)

## Donning PureFlo with Visor for Airborne Isolation

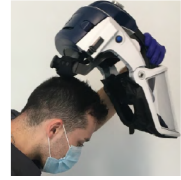
This respirator cannot be used in areas where a sterile or aseptic field must be maintained as it may allow hair and skin flakes to escape onto the field.

- Don Face Mask**
  - Don an ear loop or surgical mask under the visor for source control.
- Don PureFlo with Visor**
  - Remove makeup.
  - Perform hand hygiene and turn on the unit.
  - Place the head cover on.
  - Press and hold the knob while turning to loosen or tighten the harness.
  - Close the shield by pulling the tab on the face seal. Ensure the face seal is pulled under the chin and is not twisted or folded.



## DoFFing PureFlo with Visor for Airborne Isolation

- DoFF PureFlo with Visor**
  - Perform hand hygiene and don gloves.
  - Prior to doffing the PureFlo ask a buddy to disinfect any visible contamination on the visor. Use as many wipes as necessary.
  - Lean slightly forward, pull the loop under the chin, and lift the visor up and away from the head.
  - Remove the head cover, turn off the device and place on a clean surface.
  - Doff gloves and perform hand hygiene.
  - Begin decontaminating the PureFlo unit.



Since our hospitals moved to extended wear, the same face mask will be used for an entire shift unless it becomes damaged, soiled or wet. Discard the face mask at the end of your shift.

## Donning Versaflor with White Headcover for Airborne Isolation

This respirator cannot be used in areas where a sterile or aseptic field must be maintained as it allows hair and skin flakes to escape onto the field.

- Don Face Mask**
  - Don an ear loop or surgical mask under the headcover for source control.
- Don Versaflor with Headcover**
  - Remove makeup.
  - With assistance from the buddy don the device belt with the fan assembly.
  - Connect the hose to the PAPR headcover, don the headcover and ensure the harness is securely positioned around the forehead and the back of the head.
  - If fogging occurs, increase fan speed on PAPR and confirm the hose is connected and has no kinks, leaks, or obstructions.



## DoFFing Versaflor with White Headcover for Airborne Isolation

- DoFF Versaflor**
  - Buddy and caregiver perform hand hygiene and don gloves.
  - Buddy disinfects any visible contamination on the head cover.
  - Caregiver turns back to the buddy. Buddy holds the blower assembly while caregiver unbuckles the belt.
  - Caregiver leans forward and removes the head cover by pulling the loops at the top of the device and under the chin and lifting up and away from the head. Caregiver hands the head cover to the buddy. While holding the blower assembly with one hand, the buddy should grab the head cover from the caregiver.
  - Buddy turns the unit off.
  - Buddy and caregiver doff gloves and perform hand hygiene.
  - Begin decontaminating the Versaflor unit.



Since our hospitals moved to extended wear, the same face mask will be used for an entire shift unless it becomes damaged, soiled or wet. Discard the face mask at the end of your shift.

# Cleaning and Disinfection

**EPA Approved COVID-19 Disinfectants**

HOUSTON  
**Methodist**<sup>®</sup>  
LEADING MEDICINE

Use the following as stocked by your Supply Chain.      The following are available from EVS

Bleach based items should be prioritized for Enteric Isolation patients. In the event none of the above are available, consider using the following.

All EVS Bleach based disinfectants

The PDI Super Sani-Cloth disinfectant should be prioritized for the Inform II glucometers and Alaris Pumps.

For a full list of EPA approved disinfectants for COVID-19 visit <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

2/11/2021 HM System IP&C, v5

Approved disinfectants  
Rapid decision based on EPA registrations and IFU to address shortages of supplies

Tip sheets  
to guide cleaning practices in specialty areas

## CT Environmental Cleaning

- Between each patient clean and disinfect high-touch surfaces using a hospital approved disinfectant for the appropriate contact time:
  - Doorknobs
  - Exam tables
  - Light switches
  - Surfaces used during procedures including non-critical equipment (i.e. stethoscopes, glucometers, wheelchairs, vital sign machines, and IV poles)
- Clean and disinfect from top to bottom and from the periphery of the room in towards the patient space (i.e. exam table).
- Terminal cleaning should be performed per existing protocols.



- Every patient
- Every suspected or confirmed COVID-19 patient or patient with signs and symptoms of respiratory illness
- If soiled

# Sustained Response Planning / Implementation

- PPE - IPC/SC/CSPD
  - PPE inventories
  - Identify and procure alternatives
  - Evaluate new supplies for suitability – FDA approvals, ASTM rating, AAMI rating, etc.
- Extended vs. reuse
- Disposable vs. reusable
- Innovation
  - Reprocessing of N95 masks – testing and validation
  - Alternate devices/enhanced protection



# Innovation



# Sustained Response Planning / Implementation

- EMR - Epic
  - Infection control documentation in MR
  - Public Health reporting
- Supply Chain
  - Biweekly meeting with corporate SC – PPE check point
  - Weekly supply chain check-in meetings – Includes hospital SC
- Environmental Services
  - Cleaning and disinfection
  - Cluster response

# Sustained Response Planning / Implementation

- Facilities Management Services (FMS) –
  - Patient care area – negative pressure, physical space
  - Non-patient care areas – waiting rooms, conference rooms
- HM Scientific Committee
  - Vaccine
  - Evolving research



# Sustained Response Planning /Implementation

- Training
  - PPE utilization – Donning, doffing, PAPR utilization, etc.
  - Settings – conventional vs. HIDU
- Competency validation
  - Direct observation during train the trainer sessions
  - Competency validation documents for trainers to use
  - Routine rounding in clinical areas





# Sustained Response Planning / Implementation

- Surveillance program
  - Routine testing of staff – high risk vs. low risk
  - Great indication IC interventions are effective
  - All hospital locations with extended hours
  - Targeted interventions
- Active contact tracing
  - Added 6 FTE
  - Prompt identification of contacts and quarantine
  - Paid PTO

# Sustained Response Planning / Implementation

- Outpatient care settings
  - Creating safe environment during the pandemic – exam rooms, waiting rooms, procedure rooms
- Monoclonal antibody therapy
  - Setting up clinics – Work settings, workflow, PPE, etc.
  - Inpatient and outpatient
- Vaccination program
  - Employees and medical staff
  - Vaccine hub for the community
  - Community outreach

# Sustained Response

## Evaluate / Evolve

- Review emerging science related to COVID-19
  - Pre-prints
  - Peer review research/studies
  - Rely only on reputable publications
    - AJIC, JAMA, NEJM, Cell, Nature, MMWR
- Share relevant information with leadership and system incident command
- Provide recommendations based on best scientific judgement
- Create or modify guides, tools, algorithms, etc. based on consensus
  - Competency documents

- Systematized unified response is the gold standard
- Explore alternatives to recommended practices and implement rapid modifications
  - Operational barriers – buddy system, HIDU settings
- Increase rounding frequency – challenging
- Prepare to respond to multiple crises
  - Hurricanes
  - Flooding
  - Water shortages and outages
  - Global shortages of PPE
  - Concurrent epidemics/pandemics

# Healthcare Quality and Safety

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Thank You!