

## COVID-19 Best Practices

As shared by KONL board members

- Preservation of PPE
  - Red Line process (attached)
    - Red tape is placed on the floor of rooms allowing staff to enter to a certain point and not have to don PPE
    - IV pumps are located outside of the red line to allow staff to access pump
  - Infection prevention reviews patient history of infection to determine if acute/chronic and requires PPE use (attached)
- COVID designated units and area in ED
- Chest CT is done in ED before patient is taken to inpatient unit to reduce travel through facility
- COVID Swab Team
  - Small group of ANM/Charge nurses who do the swabs (since they are difficult to obtain)
- Incident Command Team
  - Daily meeting with team made up of CAO, CNO, CFO, ED MD, Hospitalist, Radiologist, Anesthesia, Intensivist, Quality, ESD, HR, Physician Relations Director, Pharmacy
    - Discuss current numbers of COVID patients in house, number of vents in use/available, PPE burn rates/available, surge capacity
- Labor & Delivery
  - Visitor can only leave and come back once during the day
  - Created a separate Mom and Baby area for COVID + Moms
- Utilizing staff from other areas of the hospital to staff COVID units
  - Created educational packets and oriented staff for a few shifts
  - Worked with EMR to establish capacity of these staff members to chart what is necessary
  - Pulled staff from closed surgical areas/units with low census to orient
  - Reached out to Home Health nurses and LTC nurses to have them come back to the hospital to orient and take EMR class
  - Anesthesia used in Critical Care to provide Intensivist coverage when acuity and census of COVID patients was high in Critical Care
- Proning
  - Had OR and Anesthesia help with proning practices/positioning and pillow placement
  - Created a Proning Team
- ED Triage
  - Added a nurse to established MD/RN Triage team to help prescreen patients for COVID symptoms
- eICU quickly completed to help monitor ICU patients, communicate with patients and preserve PPE
- Use of iPads to help the patient and their family communicate
  - Established a 2 times a shift phone call with family to give updates
- Use of PAPR's for Code team
  - Included ED staff (MD, RN, RT), Critical Care (ANM, RN, RT) so response to codes can be immediate
  - A facility used a scuba mask fitted with a HEPA filter for those staff members who couldn't fit into N95 mask nor had PAPR availability (attached)

