

PPE Recommendations *Updated 4/2/2020*

Patient care for patients not suspected for COVID-19 Patient care for patients suspected or positive for COVID-19

If interaction requires being within 3 feet of the patient, the patient should also wear a surgical mask Patient care during aerosolgenerating procedures¹ (AGP) on patients suspected or positive for COVID-19 Patient care during airway Procedures* on all patients

*Intubation/extubation, placing tracheostomy, bronchoscopy, sinus surgeries

WHEN:

- Patient has no COVID-19 symptoms
- Closer than 6 feet from patient for more than 1 minute

WHERE:

- Ambulatory Clinics
- Emergency Department
- Acute Care Units
- Intensive Care Units
- Procedural Areas

PPE Required:

Surgical/ear loop mask

WHEN:

 Patient has COVID-19 symptoms or has a COVID-19 test pending or with positive result

WHERE:

- Ambulatory Clinics
- Emergency Department
- Acute Care Units
- Intensive Care Units
- Procedural Areas

PPE Required:

- Eve protection/face shield
- Surgical/ear loop mask
- Gown
- Gloves

WHEN:

 During aerosol-generating procedures¹ performed on suspected or confirmed COVID-19 patients.

WHERE:

- Ambulatory Clinics
- Emergency Department
- Acute Care Units
- Intensive Care Units
- Procedural Areas

PPE Required:

- PAPR or N95 Respirator + Face Shield/Eye Protection
- Gown
- Gloves

Negative airflow/portable HEPA device not required. Ensure door is closed and maintain airborne PPE precautions for 30 minutes² after AGP is complete.

WHEN:

 During Airway Procedures* on all patients

WHERE:

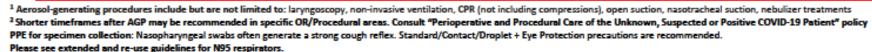
- Ambulatory Clinics
- Emergency Department
- Acute Care Units
- Intensive Care Units
- Procedural Areas

PPE Required:

- PAPR or N95 Respirator + Face Shield/Eye Protection
- Gown
- Gloves

Negative airflow/portable HEPA device not required. Ensure door is closed and maintain airborne PPE precautions for 30 minutes² after AGP is complete.

Note for all categories shown: Hand hygiene required upon entry and exit regardless of whether the patient is under isolation or PPE is worn.





Care Collaborative

COVID-19 TRIAGE WORKSHEET

SCREEN LOW RISK - See guidance below	ADMIT	TRANSFER
□ Screened or pending COVID-19 test □ No history of exposure □ Front line worker with URI symptoms/fever □ Minimal risk factors as identified below TREATMENT GUIDELINES □ Discharge home with supportive care recommendations and regular follow-up via phone. Return to ED if sx's worsen Notify them of test results and recommend they remain self-quarantined until results back	□ Admit if concerning symptoms (SOA, dyspnea, wheeze, worsening condition Negative or PUI COVID-19 □ Unable to maintain at home — ex: O2 sats with less than 5 l/min by NC or maintaining O2 sats >92% on non-rebreathing face mask. Minimal risk factors for SEVERE COVID-19 with cough/fever/myalgias. (May show signs of sepsis with abnormal labs indicating organ dysfunction.) TREATMENT GUIDELINES □ Admit locally with sepsis protocol guidance & our COVID-19 order set. Consider Hydroxychloroquine +/-azithromycin +/- zinc supplement Failure to improve or signs of worsening respiratory status — prepare for immed. transfer	□ COVID-19 positive or proven COVID-19 with High Risk Factors in respiratory distress. *Respiratory rate is 35-40 breaths per minute, *Unable to maintain O2 sats >92% and/or PaO2 <65 on 6 l/min NC or NRB * Non-COPD with PaCO2 >50 with pH < 7.3 □ Any patient requiring ventilatory support. TREATMENT GUIDELINES See Surviving Sepsis Campaign guidance on "Summary of recommendations on the management of patients with COVID-19 and ARDS"
Patient-related risks Age > 60 -Immunocompromised (oncology, transplant, immunosuppressive meds, HIV, other known immunodeficiency) -Pregnancy -Chronic lung disease -Cirrhosis -Cardiovascular disease -End stage renal disease -Diabetes	Environmental risks -High-risk travel or known COVID-19 exposure within 14 days -Health care workers -Institutional home setting (nursing home, dormitory, shelter, prison, etc), outpatient dialysis center patient -Living with immunocompromised person(s)	



COVID-19 Resources

Summary of recommendations on the management of patients with COVID-19 and ARDS

COVID-19 with mild ARDS



Vt 4-8 ml/kg and P_{plat} <30 cm H_2O



Investigate for bacterial infection



Target SpO2 92% - 96%



Conservative fluid strategy



Q UNCERTAIN:

Systemic corticosteroids

COVID-19 with mod to severe ARDS



CONSIDER:

NMBA boluses to facilitate ventilation targets



CONSIDER: if PEEP responsive

Traditional recruitment maneuvers



Prone ventilation 12 -16 h





Staircase recruitment maneuvers



CONSIDER:

Short course of systemic corticosteroids



UNCERTAIN:

Antivirals, chloroquine, anti-IL6

Rescue/adjunctive therapy



Antivirals, chloroquine, anti-IL6





Prone ventilation 12 -16 h





Mod = moderate

ARDS = adult respiratory distress syndrome

P_{plat} = plateau pressure

SpO2 = peripheral capillary oxygen saturation

PEEP = positive end-expiratory pressure

NMBA = neuromuscular blocking agents

ECMO = extracorporeal membrane oxygenation















A to Z Topic Listing

Hospital Resources



Hospital Preparedness Program Award Materials

- 2019-2020 Technical Assistance & Visitation Report PDF
- HPP Performance Measures
- · Coalition Surge Test Manual
- Evac Tool
- LEAD Tool
- · Reimbursement Affadavit
- HCC Membership Template
- . KDHE AAR IP for HPP
- . KDHE AAR HCC Regional Coordinator Checklist
- Meeting Report Form
- · Redundant Drill Program Measure Data
- 2017-2022 Health Care Preparedness and Response Capabilities

HPP Ebola

- Ebola Preparedness Measurement Implementation Guidance
- HPP Ebola Program Measures

Kansas Crisis Protocols of Care Guidelines

• Kansas Crisis Protocols of Care Guidelines During Public Health Emergencies

Guidelines for the Use of Modified Health Care Protocols in Acute Care Hospitals During Public Health Emergencies

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