

Infection Prevention COVID-19

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Talking Points



Developing process among the new threat



Lessons learned



Sample protocols



New or developed resources





Introduction

- Regional Referral Center for Western Kansas
- 207 Beds; ADC 64
- DNV Accredited
- ISO 9001 Certified
- 24 CAH (Regional Referral Center)
- Verified Level 3 Trauma Center
- Accredited Chest Pain Center/PCI
- Certified Primary Stroke Center
- Certified Hip & Knee Replacement
- MIR Certified



2020 Statistics

– Admissions	5K +
– ED Visits	13K +
– Associates	1,250
– Volunteers	204
– Students	750
– Physicians	68
– Specialties	28

NIAHO	2005
ISO 9001 Certified	2015
MIR/CIP DNV Certified	2017



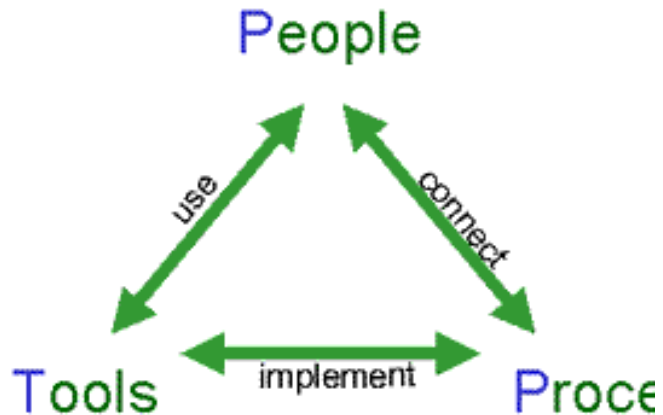


Care of the COVID patient

- Policy development for a new threat
- **Identify**- through screening find presence of S/S or exposure, or lab confirmed
- **Isolate**- place mask on to prevent spread and place in room
- **Inform**- IP respond to positive results and inform care teams and local health and State departments
- **Care**- test, care, PPE, supply, staffing, ect..

How and what we knew about IP/IC for many years is not what we are doing tomorrow ..

- Change and Adapt is and was critical to staying safe and caring for patients and staff
- Rounding
- Communication
- Listening
- Explaining the Why



Caring for the employee and protecting the Work Environment

Forms created to aid Employee Health



Screening Criteria for COVID-19

Date: _____ Name: _____ DOB: _____

Please select one: Associate Provider Contractor Vendor Student Other: _____

Department: _____ Phone Number: _____

Please answer the questions and follow the instructions:

Community Acquired Exposures

- Have you traveled in the past 14 days (internationally or to an area in the US with multiple active COVID-19 cases or been on a Cruise Ship or River Boat)? Yes No
- Location: _____
- Dates of Travel: _____
- Have you been in close contact with a known or suspected COVID-19 case or anyone who has traveled internationally? Yes No
- Please explain: _____

Healthcare Acquired Exposures

- Do you work in a different healthcare facility than HaysMed (gms part-time, etc.)? (assess any concerns related to IP practices at outlying facility) Yes No
- Have you been exposed to a confirmed positive COVID-19 patient without appropriate PPE at an outlying facility or at HaysMed? Yes No
- If yes, please explain: _____
- Have you been exposed to a suspected (pending) COVID-19 patient without appropriate PPE at an outlying facility or at HaysMed? Yes No
- If yes, please explain: _____

Watch for Symptoms

People with COVID-19 have a wide range of symptoms reported – ranging from mild to severe illness. The symptoms listed below (included but not limited to) may appear 2-14 days after exposure to the virus:

<input type="checkbox"/> Fever (greater than 100°F)	<input type="checkbox"/> Muscle pain
<input type="checkbox"/> Cough	<input type="checkbox"/> Severe headache
<input type="checkbox"/> Shortness of breath or difficulty breathing	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Chills	<input type="checkbox"/> New loss of taste or smell
<input type="checkbox"/> Repeated shaking with chills	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Diarrhea

Symptoms will be "new onset" and not part of an existing diagnosis.

Refer to KDHE and CDC for latest update regarding COVID-19 symptoms.

- Do you have any other symptoms than listed above? Yes No
- If yes, please explain: _____
- When did your symptoms start? _____

↓

If "YES" to ANY question, ISOLATE until cleared by Associate Health.

Associate Health Nurse Contact Information

HaysMed 785-623-7173 (office) Or, call the switchboard at 785-623-5000 and ask for Associate Health.	Pawnee Valley Campus Amy Krimman 620-283-8614 (office) 620-910-7125 (cell phone)
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Form #19-068 Revised 3/20, 3/20-1, 3/20-2, 4/20, 4/20-1, 4/20-2, 6/20, 7/20

Adapting and aiding staff to be successful with mandatory change- face mask were not that easy

THE UNIVERSITY OF KANSAS HEALTH SYSTEM **Face Mask Questionnaire**

Legal Name _____ DOB _____ Today's Date _____
 Position Title _____ Department _____
 Employee ID # _____ Contact # _____ Manager's Name _____

Individual Contacting Employee Health
 Employee Manager of Employee Other associate _____
 1. Employee: Have you talked to your manager? Yes No
 • If no, why not? _____
 • If yes, what was their advice? _____ Is working from home an option? Yes No

2. Mask Concerns:
 a. What face mask have you been issued/worn:
 OR Surgical mask (loop ear) OR surgical fog-free mask
 Light blue mask Yellow isolation/procedure mask
 Dark blue mask Other (specify) _____
 b. When did you first notice the issue? (Circle date) _____
 c. What part of wearing the mask is causing you the employee concern? (check all that the employee reports)
 Irritation Congestion Fatigue
 Breathing difficulty Dry throat Temperature (too hot)
 Shortness of breath Sore throat Thick secretions (too heavy on face)
 Chafing/irritation Length of time (too long) _____ number of minutes while
 Clearing/adjusting Wear mask without experiencing a problem.

3. Mask Tolerance:
 Employee is able to wear a mask for short periods, but not able to wear a mask most of the time
 Employee does not feel they are able to wear a mask at all while at work. Employee does not even tolerate masks for short periods of time
 Other, please explain: _____

4. Environment:
 Is the employee able to practice social distancing at their work station? Yes No
 Does the employee work in a direct patient care area? Yes No

ADDITIONAL NOTES:

Assess/Name/Complete the Questionnaire _____ Date/Time _____
 Refer employee to Employee Health. Employee to call 785-432-2173.
 *Send the completed questionnaire and any personal health documentation to Employee Health at Fax: 785-432-2408. The questionnaire and supporting personal documentation will be submitted within the employee's Employee Health electronic record.

Employee Health ID: 0752 _____

Employee Health Signature _____ Date/Time _____
 Form #PPE-016 Revised 8/19



Preserving PPE and how-adapting CS to disinfect a mask?!

- **Decontamination and reuse of N95s using the STERIS V-PRO maX**
- To prevent a shortage or exhaust our supply of facemasks, respirators and eye protection.
- To ensure that our staff have access to the necessary supplies to perform patient care safely.



Biggest Lesson learned



Healthcare facilities take quick action to protect patients and staff

Infection control is always important but now it is Thrust to the forefront (like it or not)

Infection prevention is connected with CDC, State and local authorities and we must inform our leaders, providers, patients, community. They expect to be informed on what is happening on the ground in prevention, and explain the latest guidance to keep patients and staff safe from COVID 19