

TITLE: COVID-19 PUI Isolation Unit	POLICY NUMBER:	PAGE # 1
RESPONSIBLE DEPARTMENT: Infection Prevention and Control	POLICY LEVEL: Acute	EFFECTIVE DATE:
PREPARED BY: Infection Prevention and Control	APPROVED BY:	
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PURPOSE: To provide guidance for proper infection control in a unit designated for the care of patients with person under investigation status for COVID-19

APPLIES TO: Applies to acute care sites.

BACKGROUND:

In the setting of large volumes of inpatients presenting with signs and symptoms compatible with COVID-19 awaiting confirmatory testing, a substantial strain on PPE and other resources may occur. Additionally, PUI's may represent a heterogeneous mix of infected and uninfected patients with similar symptoms to COVID-19 leading to difficulties in providing safe infection control practices. The following policy is intended for use during periods of high community transmission of COVID-19 when immediate diagnostic testing is unavailable and PUI status patients must be managed utilizing PPE pending test results.

POLICY:

Acute care facilities may designate one or more locations within the facility to house PUI's pending diagnostic testing. A dedicated restricted access COVID-19 PUI unit should be established to house PUI's. PUI's housed outside of this unit should be transferred to the dedicated unit whenever clinical and logistical factors allow. Care activities within the unit should follow strategies outlined in CHS Policy IC-125, "PPE Conservation".

Restricted Zone PUI Units

1. The unit should be considered a restricted (red zone) area, with the understanding that contagion may be present within the unit outside of patient isolation rooms. Therefore, PPE MUST be used at all times while in the PUI unit.
2. The unit should have donning and doffing stations at the entry and exit points of the unit for staff.
3. Donning and doffing should be performed in sight of, and under the direction of, a trained observer to maximize HCW safety.
4. Additional PPE should be available within the unit for specific scenarios related to patient care as outlined below.
5. HCW's including physicians, APP's, transporters and ancillary staff MAY NOT transit through the unit unless entry is needed to engage in or support specific patient care activities for patients housed within the PUI unit.
6. Supplies, meals and equipment should be handed off to restricted area staff whenever possible. Pharmacy services and other clinical care staff may enter the restricted area as needed to provide patient care after appropriate donning of PPE.
7. Entry and exit areas of restricted PUI units require specific signage to prevent non-essential personnel entry.

8. Dedicated stethoscopes in patient rooms should be cleaned prior to each use by HCW's to ensure no fomite transmission occurs. Personal stethoscopes are not permitted in the unit. Stethoscopes should NEVER be carried around the neck
9. Staff should perform hand hygiene and wear freshly donned gloves prior to entering charting areas/computer stations, medication rooms, supply rooms, and dietary areas within the PUI unit.
10. Common work areas and equipment in the restricted zone such as telephones, computer keyboards and counters should be wiped down routinely during the shift.
11. Staff may not consume food or drinks while working in the restricted area.

PPE use in PUI restricted units during non-crisis capacity scenarios:

1. Gloves MUST *always* be removed upon exiting a patient room. At that time hand hygiene must be performed and new gloves *must* be donned.
2. While in the PUI unit, eye protection, N95 respirators and/or procedure masks should be worn *continuously* and not changed between patient rooms unless grossly contaminated or evidence of loss of integrity is noted.
3. HCW's should avoid touching eye protection and mask/respirators while in the unit. If one must touch these items, e.g. to adjust them, then gloves should be removed, hand hygiene performed and a new set of gloves donned before touching the item. After completion of this task, gloves should be removed, hand hygiene performed and a new set of gloves donned.
 - a. See PPE conservation policy CH IC-125 for eye protection and N95 mask re-use procedures that may apply if staff doff these devices if/when exiting the PUI unit.
4. While in the PUI unit gowns may be worn while caring for multiple patients IF no direct contact with the patient or the patient's immediate surroundings occurs during the care activity. Examples of such moments include but are not limited to:
 - a. Turning off call lights
 - b. Dispensing medications
 - c. Answering questions
 - d. Delivering meals
 - e. Checking blood sugars
5. Gowns MUST be changed immediately after individual patient care whenever direct physical contact of the gown is made with the patient or the patient's immediate surroundings. Examples of such moments include but are not limited to:
 - a. Turning, bathing or cleaning a patient
 - b. Changing bedding
 - c. Performing skin assessments

Crisis Capacity Situations

In the event of a crisis capacity scenario where private rooms and/or separate units are not available to house PUI's and confirmed cases separately; cohorting may occur; but specific controls should be attempted whenever possible to minimize transmission of contagion between patients sharing the space. Such interventions include:

1. PPE use as outlined above should continue, barring a lack of supply.
2. If supply is extremely low, continuous use of all PPE may occur between patients, but efforts to change gloves as described above should always be made if supplies allow.

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3. If glove supplies do not allow, gloves should be cleaned between patients using alcohol-based hand sanitizer.
4. Maximizing distances between patients' heads (ideally 6 feet)
5. If shared rooms or wards are used: place screens/curtains or other barriers between patients to minimize droplet transmission events
6. Keeping a standard procedure mask on the PUI as a source control measure as long as clinically tolerated and if supplies allow
7. Confirmed COVID-19 cases should be kept in separate rooms from PUI's whenever possible. If this is not possible, PUI's with high likelihood of COVID-19 positive status, as determined by the treating provider, should be preferentially cohorted with positive cases.
8. Avoiding aerosol generating procedures (AGP's) in shared spaces whenever possible
 - a. Assigning an area for AGP's elsewhere in the facility may be considered as part of this strategy
 - b. See CHS policy IC 125 for full AGP prevention strategies

	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials
REVIEWED:								
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REFERENCES:	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html							