

High Consequence Pathogen (HCP): COVID-2019 ED Checklist

KEY CONTACT INFORMATION	
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Infection Prevention and Control (IP&C)	Pager ID: 4327 (24/7)
Occupational Health and Safety Healthy Workplace Policy: OHS Clinic pager (1700-1900hrs) Exposures (1900hrs-0700hrs)	x4175 Pager ID: 7557 x4325 (Shift Manager)
Environmental Supervisor	x4555 Pager ID: 1025 (24/7)

PREPAREDNESS:

√	REVIEW
	Access resources from the Sunnynet High Consequence Pathogen Toolkit (PPE doffing signs, Toronto Public Health Self Isolation fact sheets)
	Order Droplet and Contact Precautions room signs (PR 60368)
	Check the version number of this preparedness checklist (located in the page header) to ensure your kit contains the most up-to-date version; the most recent version is posted on Sunnynet (sunnynet.ca/coronavirus > High consequence pathogen toolkit > High Consequence Pathogen (HCP): COVID-19 Dedicated Inpatient Unit Checklist)
	Review PPE donning/doffing video (Sunnynet.ca/coronavirus >Resources>Donning and Doffing Instructional Video)
	Review PPE Conservation Video (sunnynet.ca/corona virus > PPE conservation strategies)
	Review PPE Selection Guide (sunnynet.ca/coronavirus > Resources > PPE Selection Guide)
	Review Transfer of Accountability Escalation process and TOA Tool [PR14126]
	Review the dedicated COVID-19 website (sunnynet.ca/coronavirus)
	Read the Directions for aerosol generating procedures section on the

	COVID-19 website
	Read the Guidance Document for Aerosol Generating Medical Procedures with High Consequence Pathogens and Protected Code Blue process map

PERSON UNDER INVESTIGATION (PUI)/CONFIRMED CASE

√	<u>TRIAGE</u>	
	For each patient that enters the ED, the screener will complete IP&C Screening Tool (PR 91010)	
	If patient has infectious symptoms, ask patient/visitor to don a yellow ear loop mask and clean hands. If patient is:	
	<p style="text-align: center;">STABLE</p> <ol style="list-style-type: none"> 1. Staff to don mask and eye protection 2. Escort patient to designated PUI spot in ED waiting room. 3. Anyone providing care to the patient from this point forward must don full Droplet and Contact PPE 	<p style="text-align: center;">UNSTABLE</p> <ol style="list-style-type: none"> 1. Don Droplet and Contact PPE <ol style="list-style-type: none"> a. Gown b. Mask and eye protection c. Gloves d. (N95 for AGMP or protected code blue/intubation) 2. Escort patient to negative pressure room with anteroom and bathroom* (Blue 9, Green 21 or Orange 29)

DURING PATIENT ED VISIT:

√	ROOM SET UP
	Post <i>Droplet and Contact</i> sign on the door (PR 60368)
	Prioritize use of negative pressure rooms for acutely ill or unstable patients. Verify smoke testing of negative pressure room completed before patient placed in room; ensure assigned negative pressure room is tested daily thereafter (check the log posted at the side of the door to verify testing completed)
	Ensure the following PPE is available: ✓ N95 (different sizes/types for Protected Aerosol Generating

√	ROOM SET UP
	Medical Procedures [AGMP] only) <ul style="list-style-type: none"> ✓ Surgical, procedure or PCM 2000 mask, or mask with integrated visor ✓ Gown ✓ Gloves ✓ Face shield (eye protection)
	Post the doffing procedure sign in the anteroom or on the inside and outside of the door to the room, if no anteroom
	Contact Environmental Services (EVS) to place Stericycle garbage bins inside the anteroom and/or outside the room (extension 4555)
	Set up soiled linen cart in the anteroom or outside room
	Inform Linen Services of need for increased linen/gown stock on unit (extension 4555)
	Ensure disinfectant wipes are available inside the room and anteroom (Accel or Clorox wipes preferred)
	Ensure hand sanitizer is available, full and operational within the room and inside the anteroom

√	STAFF
	All clinical staff to don and doff uniform/work apparel within the facility
	Ensure staff are aware of their up-to-date fit-tested N95 respirator type and that these are available on the PPE cart for Protected AGMPs
	No students are to care for a confirmed/suspected case
	No agency observers are to care for a confirmed/suspected case
	Agency nurses may be assigned to these patients provided they have reviewed the information and education material provided to the agency by Sunnybrook (agency nurses are not to participate in AGMPs)
	Ensure Transfer of Accountability completed verbally or written* (*see escalation process) using the approved TOA Tool (PR 14126)
	Assign a PPE buddy (e.g., team leader, charge nurse, modified worker, etc.) for each shift to observe donning and doffing of PPE for each entry
	EVS to provide extra staff on unit (dedicated to extra cleaning of common areas and frequently touched surfaces)
	Consider calling the patient before you enter the room to ensure you have everything you need
	Restrict non-essential staff from entering patient rooms
	<u>AVOID</u> unnecessary entries into patient room (consider care needs

	carefully to minimize the number of entries required)
	Remind staff to be aware of media attempts to get confidential information about patients (e.g., posing as someone else over the phone; see patient confidentiality section below)

√	EQUIPMENT
	Use TempaDots to measure temperature
	Ensure overbed table in room
	Dedicated equipment to stay in room for the duration of the patient’s stay in ED; any equipment leaving a patient room must be double cleaned prior to being used on another patient.
	For non-ventilated patients, ensure a surgical mask is hanging on the oxygen regulator in the room. Should the patient require chest compressions, this is to be applied to patients face prior to starting chest compressions
	Set-up oxygen regulator and suction cannister and tubing to be ready for use
	Keep ambu-bag (bag-valve-mask) inside room and readily available
	<p>A disposable stethoscope should remain in room for the duration of the patient’s stay in ED</p> <ul style="list-style-type: none"> ○ Stethoscope use tips: <ul style="list-style-type: none"> ○ Only conduct chest auscultation if deemed absolutely necessary (if a CXR is completed, chest auscultation may be less important) ○ Disinfect the disposable stethoscope with hospital-approved disinfectant wipes before and after use ○ When using the dedicated stethoscope, auscultate early in your assessment and BEFORE contact with the patient (so gloves are not contaminated) ○ If chest auscultation is determined to be necessary during clinical care, doff gloves, perform hand hygiene, and don a new pair of gloves prior to disinfecting stethoscope ○ Be careful not to disrupt PPE or touch face when using disposable stethoscope
	Do not bring unnecessary items into the room (e.g., pens, charts, personal stethoscope, jewelry, etc.)

√	SPECIMENS
	Collect appropriate swab or other respiratory sample, as indicated, to test for COVID-19: <ul style="list-style-type: none"> ensure lids of any specimens collected are securely tightened; samples that are leaking will not be tested
	All respiratory microbiology specimens (e.g., MT swab, sputum, BAL, etc.) must be hand delivered to the Microbiology lab (B1) <ul style="list-style-type: none"> after hours, please leave respiratory samples in the appropriate storage conditions (e.g., fridge, incubator or room temperature incubator just inside the entrance)
	Core Lab specimens (e.g., routine bloodwork) and non-respiratory microbiology specimens (e.g., stool, urine, wound swab, etc.) may be sent via the pneumatic tube system

√	PATIENT CARE/VISITORS		
	Ensure patient demographics are updated in SunnyCare (required for Public Health follow-up)		
	CXR's are to be performed by portable machine only		
	If urgent imaging other than CXR (e.g., CT Chest) is required, notify Medical Imaging and Patient Transport so they can use the appropriate PPE		
	If patient must be transported, wear the following PPE:		
	CLINICAL STAFF ✓ Gown ✓ Mask with integrated visor ✓ Gloves ✗ Do not touch surfaces	PORTERING STAFF ✓ Gown ✓ Surgical mask ✓ Face shield ✓ Frequent hand hygiene ✗ No gloves	PATIENT ✓ Ear loop mask
	Access to interpreter: Client ID # _____ and provide the patient's room extension number		
	NO VISTORS are allowed in the room for confirmed or PUI COVID patients		

DISCHARGE OF POSITIVE/SUSPECTED CASE:

√	DISCHARGE PROCESS
	Follow the steps in the ‘ Discharge checklist for COVID-19 positive patients or PUIs - Emergency Department ’ to ensure a safe discharge of the patient (http://sunnynet.ca/data/1/rec_docs/32156_COVID19_Discharge_Checklist_-_April_7_2020_FINAL.pdf)

√	ENVIRONMENTAL CLEANING
	Contact EVS Supervisor at extension 4555 or pager 1025 (24/7) to notify of discharge of positive/suspect case of COVID-19
	Dispose of any trash remaining on top of PPE cart (e.g., opened PPE packaging) and clean exterior of PPE cart, with a focus on high touch areas (e.g., top of cart, cart handles, etc.)
	Dispose of all consumable products in the room and anteroom
	A 2-stage clean is to be performed for Droplet & Contact Precautions

DEATH OF A SUSPECTED OR CONFIRMED CASE

√	HANDLING OF BODY
	Place deceased into body bag and place patient identification on toe and zipper of bag (ensure zipper is at the foot of body)
	Label body bag with “COVID-19” at the foot of the body
	Wipe the outside of the body bag with hospital-approved disinfectant wipes
	Request transfer to Morgue on BMS; indicate if COVID-19 positive or PUI

Standard Practice Reminders:

**If you are sick with a respiratory or gastrointestinal illness, do not report to work and contact OH&S at ext. 4175

**OHS N95 fit testing can be arranged via ext. 7854 or by booking [online](http://sunnynet.ca/Booking.aspx?cid=126056&lang=1) (http://sunnynet.ca/Booking.aspx?cid=126056&lang=1)

Official Information for Patients and Families

[Sunnybrook.ca/coronavirus](https://www.sunnybrook.ca/coronavirus) is Sunnybrook's official information page for patients and their families. This webpage contains up-to-date information, answers to frequently asked questions, and links to Toronto Public Health and the Government of Ontario's websites. If a patient or family member has questions about COVID-19, please direct them to this webpage.

Patient Confidentiality

The COVID-19 outbreak has generated significant media attention and curiosity from members of the public. Pursuant to Ontario's Personal Health Information Protection Act (PHIPA), Sunnybrook and its staff must take steps to protect patient's personal health information from unauthorized access and disclosure. All inquiries related to a Person Under Investigation (PUI) or confirmed case of 2019-vCoV in your care should be directed to the Office of the Patient Experience (OPE) at 416-480-4940. The name and location of the patient should not be disclosed to any caller or member of the public, under any circumstances.