

September 24, 2020

The safety of our patients, associates and community is our top priority. Attached are grids that outline specific PPE guidance for PROCEDURAL and GENERAL areas, based on the current phase of the health crisis. These grids were created by the clinical leadership team using national and state guidelines, and based on our current and projected inventory of PPE. These grids are fluid documents and will be updated often. Please check back daily to ensure you are using the most current version.

In this document, you will find the following items:

- PPE Guidance Grid - Procedural Areas - Contingency Phase 2
- PPE Guidance Grid - General Areas - Contingency Phase 2
- Universal Masking Guidance
- PPE Instructions for Safe Practices
- COVID-19 Phase Planning

We want to reassure you that a lot of work has been done, and is being done, to keep our patients, associates and community safe. It is important we all work together during this challenging time to best meet the needs of our patients and associates.



PPE GUIDANCE - PERIOP / PROCEDURAL AREAS UPDATED 6.3.20

	Personnel at the Field	Anesthesia	Circulator	Airflow and Cleaning <i>Wait times for cleaning do not apply for patients who have tested negative for COVID within the 3 days prior to procedure⁴</i>	Pre/Post Staff
COVID + / PUI	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Sterile Surgical Gown or Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •OMC OR: 20-minute wait after case before turnover⁴ •OMC GI Lab: 69 minute wait time after procedure before turnover⁴ •MCMC OR and GI Lab: 10-minute wait after case before turnover⁴ •Terminal Clean 	COVID + / PUI patients should be recovered in the OR suite.
Intubation/Extubation (all procedures) Upper GI, Thoracic, Tracheostomy, Bronchoscopy (non-essential personnel wait 20 minutes (OMC) 10 minutes (MCMC) to enter room)	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Sterile Surgical Gown or Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Isolation/Cloth Gown⁵ (if at risk for splash / spray) •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> OMC OR: 20-minute wait after case before turnover⁴ •OMC GI Lab: 69 minute wait time after procedure before turnover⁴ •MCMC OR and GI Lab: 10-minute wait after case before turnover⁴ •Standard Clean 	<ul style="list-style-type: none"> •N95 if caring for patient less than 20 minutes (OMC) or 10 minutes (MCMC) after extubation, otherwise surgical mask •Isolation/Cloth Gown⁵ •Eye protection <p><i>Note: Consider applying a barrier mask to any patient who is experiencing significant post-op coughing.</i></p>
High Risk Surgical Procedure² (not intubated/extubated in OR)	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Sterile Surgical Gown or Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •N95 •Cap/Bouffant •Isolation/Cloth Gown⁵ •Eye protection (Airborne + Contact) 	<ul style="list-style-type: none"> •Surgical Mask •Cap/Bouffant •Isolation/Cloth Gown⁵ (if at risk for splash / spray) •Eye protection (Contact + Droplet) 	Standard Turnover	Standard Precautions (may use contact + droplet if coughing / suctioning or place a mask on patient)
NON-High Risk Procedure² (without intubation)	Standard Precautions	Standard Precautions	Standard Precautions	Standard Turnover	

1. For COVID+/PUI cases that do NOT require intubation (i.e. local or block only cases), place a mask on the patient, follow contact + droplet precautions only. No N95/PAPR needed.

2. Certain high risk procedures may use airborne precautions for staff *at the field only* such as: endoscopy, laparoscopy, pulmonary, cautery (unless a smoke evacuation device is utilized), use of high-speed powered equipment, i.e., saws, drills, use of intraoperative debridement devices with irrigation, sputum induction, open suctioning of airways, non-invasive ventilation, PFT's, obstetric deliveries. Every attempt should be made to minimize the number of people in the room to ensure the safety of patients and associates. CPR is also considered an aerosolizing procedure for which airborne precautions should be taken for PUI or COVID positive patients (see "Interim Guidance for Resuscitation of COVID-19 or PUI" on The Pulse for additional information).

3. Removal of N95 masks when not required will help preserve the life and integrity of the masks. Please store in labeled brown bag between uses.

4. Wait time based on CDC guidelines. OR suites (25 air exchanges per hour) to achieve 99.9% efficiency for airborne-contaminant removal. Wait time for each hospital based on individual air exchange capacities. Wait times do not apply if patient has tested negative for COVID within 3 days prior to procedure.

5. Isolation/Cloth gown may be worn for non-sterile procedures. Disposable isolation gown should be worn for any procedure likely to splash/spray.

PPE GUIDANCE - GENERAL AREAS UPDATED: 9.22.20

Contingency Phase 2—Supplies Low

UNIVERSAL MASKING IS REQUIRED AT ALL OLATHE HEALTH FACILITIES

All Associates Non-Clinical Areas	Interactions with Patients or while in Clinical Areas	Patient Care for Patients NOT Suspected for COVID –19	Patient Care for Patients Suspected or Positive for COVID 19	Aerosol Generating Procedures on ALL Patients (unless confirmed COVID negative)
<p>WHERE:</p> <ul style="list-style-type: none"> Public Areas <p>WHEN:</p> <ul style="list-style-type: none"> At all times 	<p>WHEN:</p> <ul style="list-style-type: none"> At all times <p>WHERE:</p> <ul style="list-style-type: none"> Clinical Areas Reception/Registration Door Screeners Delivering meal trays Dropping off information Cleaning rooms when patients are ABSENT Speaking to the patient from doorway <p>Note: Any patient that arrives without a mask should be provided one upon entry to any Olathe Health facility. Any patient that presents with COVID like symptoms should also be isolated as quickly as possible.</p>	<p>WHEN:</p> <ul style="list-style-type: none"> Patient has no COVID symptoms Direct patient care involving touching the patient Coming in contact within 6 feet of patients AIRWAY for more than 1 minute. <p>WHERE:</p> <ul style="list-style-type: none"> Ambulatory Clinics Emergency Departments Acute Care Units Intensive Care Units Procedural Areas <p><i>(See procedural area guidelines for COVID 19)</i></p>	<p>WHEN:</p> <ul style="list-style-type: none"> Patient has COVID symptoms OR has a COVID test pending or with positive results <p>WHERE:</p> <ul style="list-style-type: none"> Ambulatory Clinics Emergency Departments Acute Care Units Intensive Care Units Procedural Areas <p><i>(See procedural area guidelines for COVID 19)</i></p>	<p>WHEN:</p> <ul style="list-style-type: none"> Aerosol generating procedures are being performed <p>WHERE:</p> <ul style="list-style-type: none"> Emergency Departments Acute Care Units Intensive Care Units Procedural Areas <p><i>(See procedural area guidelines for COVID 19)</i></p>
<p>WHERE:</p> <ul style="list-style-type: none"> Offices Meeting Rooms Other non-public spaces <p>WHEN:</p> <ul style="list-style-type: none"> When unable to maintain social distancing of greater than 6 feet. 	<p>WHERE:</p> <ul style="list-style-type: none"> Offices Meeting Rooms Other non-public spaces <p>WHEN:</p> <ul style="list-style-type: none"> When unable to maintain social distancing of greater than 6 feet. 	<p>WHERE:</p> <ul style="list-style-type: none"> Offices Meeting Rooms Other non-public spaces <p>WHEN:</p> <ul style="list-style-type: none"> When unable to maintain social distancing of greater than 6 feet. 	<p>WHERE:</p> <ul style="list-style-type: none"> Offices Meeting Rooms Other non-public spaces <p>WHEN:</p> <ul style="list-style-type: none"> When unable to maintain social distancing of greater than 6 feet. 	<p>WHERE:</p> <ul style="list-style-type: none"> Offices Meeting Rooms Other non-public spaces <p>WHEN:</p> <ul style="list-style-type: none"> When unable to maintain social distancing of greater than 6 feet.
<p>PPE Required:</p> <ul style="list-style-type: none"> Face Mask (Lawson #1013266) <p>Not required, may use:</p> <ul style="list-style-type: none"> Eye Protection <p>Do Not Use:</p> <ul style="list-style-type: none"> Cloth Mask alone 	<p>PPE Required:</p> <ul style="list-style-type: none"> Face Mask (Lawson #1013266) <p>Required if unable to maintain social distance of 6 feet:</p> <ul style="list-style-type: none"> Eye Protection, *Reusable Face Shield, or protective eye wear 	<p>PPE Required:</p> <ul style="list-style-type: none"> Standard Precautions Face Mask (Lawson #1013266) Eye Protection, *Reusable Face Shield, or Mask with attached Face Shield 	<p>PPE Required:</p> <ul style="list-style-type: none"> Fit Tested N95 (obtain from Education-2nd floor) KN95 (Not Fit Tested- Lawson #1013243) or Face Mask (Lawson #1013266) Eye Protection, *Reusable Face Shield, or Mask with attached Face Shield Gown & Gloves 	<p>PPE Required:</p> <ul style="list-style-type: none"> PAPR or Fit Tested N95 (obtain from Education 2nd floor) Eye Protection or *Reusable Full Face Shield Gown & Gloves

*** Reusable full face shields (Lawson #1013265) should be used for eye protection with direct patient contact. Over masking is not necessary with full face coverage.**

Note: The first line of defense to prevent the spread of COVID-19 and other illness is keeping your hands clean. Soap and water for at least 20 seconds or hand sanitizer rubbed on all surfaces of hands and fingers until dry if not visibly soiled.

UNIVERSAL MASKING GUIDANCE

(VERSION 2, 4.20.20)

Given the widespread community transmission of COVID-19 in our area, Olathe Health is implementing Universal Masking. The previous guidance for direct patient care and procedural areas has not changed. Now, associates in clinical areas who are not providing direct patient care are required to wear barrier or cloth masks when unable to maintain social distancing. Associates in non-clinical areas are highly encouraged to do the same. We recognize this is a departure from standard infection prevention guidance previously provided; however, we find ourselves in extraordinary times and given current circumstances, we believe this guidance is beneficial.

The addition of Universal Masking does not supersede or change guidance for direct patient care areas on the PPE grids currently posted on The Pulse.

RATIONALE FOR MASKING GUIDANCE

Our knowledge regarding COVID-19 is rapidly expanding, which makes it essential we continually monitor and re-evaluate our practice. We expect these recommendations will be further refined and revised. Given what we have learned about COVID-19, this masking approach will serve to:

1. Act as a barrier to prevent touching of one's face in the event one's hands have become contaminated.
2. Protect our patients, community and our associates should they come in close contact with an individual with early COVID-19 symptoms who has not been recognized nor developed symptoms at work (a mask achieves source control and decreases the risk of spreading infection).

To be successful, this approach will require support from all of us across the organization with strict adherence to infection prevention recommendations (see below), as well as the following:

- Meticulous adherence to hand hygiene (including before and after removing masks)
- Proper mask use and hygiene, including wearing the mask as directed to cover the mouth and nose
- Strict avoidance of manipulation/touching the mask to reduce the risk of contamination and self-inoculation

ASSOCIATES IN INPATIENT UNITS, AMBULATORY CLINIC SPACES AND PROCEDURAL AREAS

Clinicians are to follow PPE Grids for direct patient care interactions; however, we recognize there are other times it is difficult to maintain safe social distancing. When not providing direct patient care, associates working in inpatient, ambulatory clinic spaces and procedural areas are now **required to wear** a barrier or cloth mask when social distancing cannot be maintained. Barrier masks will be available at the start of each shift, and will also be available at entrance screening stations. Your mask should be used throughout the shift. In the event it becomes visibly soiled, saturated or damaged, a new mask should be obtained. Stock will be available in each clinical setting. Please discard mask at the end of your shift. If you are wearing a cloth mask, it should be laundered at least once per day.

[MORE >>>](#)

UNIVERSAL MASKING GUIDANCE

(VERSION 1, 4.20.20)



ASSOCIATES IN NON-CLINICAL SETTINGS AND OFFICE SPACES

Associates working in non-clinical settings, and settings where social distancing measures are difficult to maintain, are **recommended to wear** either a barrier or cloth mask while on Olathe Health property. Masks will be available at entrance screening stations and within most departmental areas. In the event the mask becomes visibly soiled, saturated, or damaged, a new mask may be obtained. Please discard mask at the end of your day. If you are wearing a cloth mask, it should be laundered at least once per day.

PATIENTS

There is no change to current practice of masking COVID-19 symptomatic patients upon arrival.

CONSERVATION OF PPE

Olathe Health has an adequate, but not inexhaustible, supply of masks. We have no way to predict how long this pandemic will affect us. In an effort to ensure masks continue to be available, we must all make efforts to conserve our supply. **In the event the supply of masks prohibits our current strategy, distribution of masks will be prioritized based on the highest risk clinical activities.** Supply chain is working diligently to maintain and secure additional stocks of masks.

INFECTION PREVENTION GUIDANCE ON MASK USE AND RE-USE

To Doff (remove) Mask with Intent to Reuse:

1. Clean hands with alcohol-based hand sanitizer or soap and water.
2. Remove mask.
 - Remove an ear loop style mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
 - Remove a tie style mask by untying lower ties first. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
3. Clean hands with alcohol-based hand sanitizer or soap and water.

To Re-Don Mask:

1. Clean hands with alcohol-based hand sanitizer or soap and water.
2. Grasp mask.
 - Pinch an ear loop style mask at the ear loops, or
 - Grasp a tie style mask by upper ties on mask.
3. Place over face
 - For ear loop style mask: Secure ear loops behind the ears. Secure mask.
 - For tie style mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Clean hands with alcohol-based hand sanitizer or soap and water.
5. Avoid touching the mask while using it; if you do, clean hands with alcohol-based hand rub, or soap and water.

Note: Please avoid masks hanging down around your neck or storing in your pocket. If removed, store on clean surface or in brown paper bag.

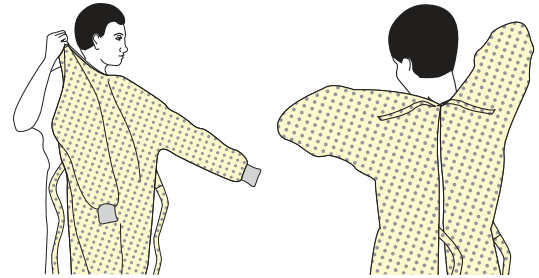
Managers and directors can order masks using Lawson #1013266.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

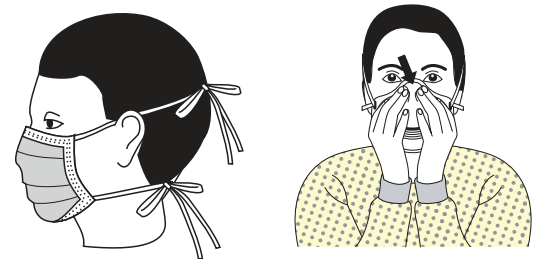
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



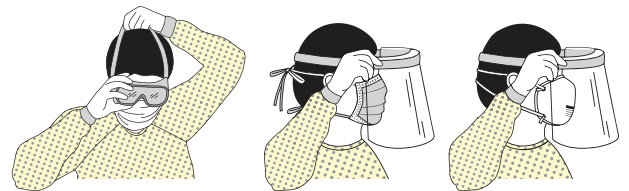
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



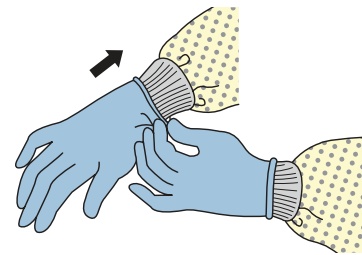
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



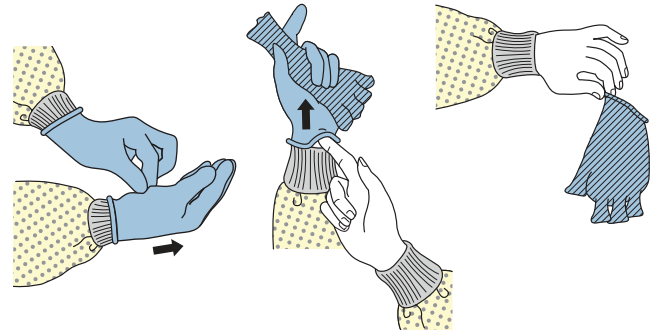
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



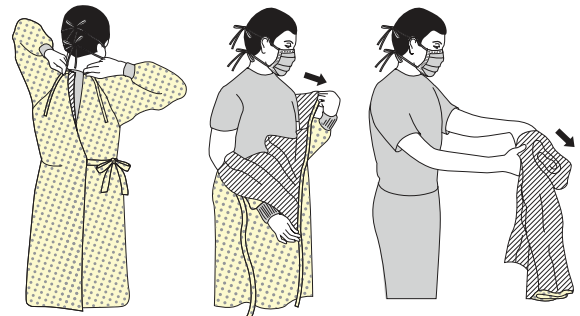
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



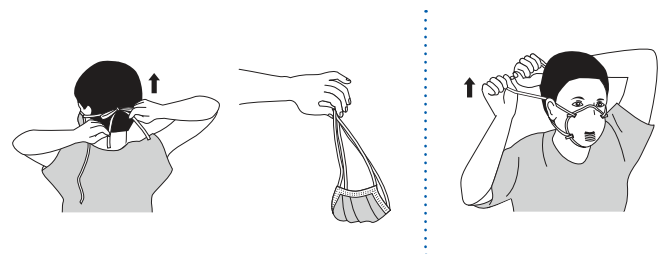
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

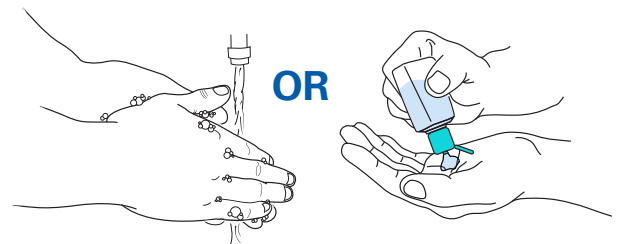


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

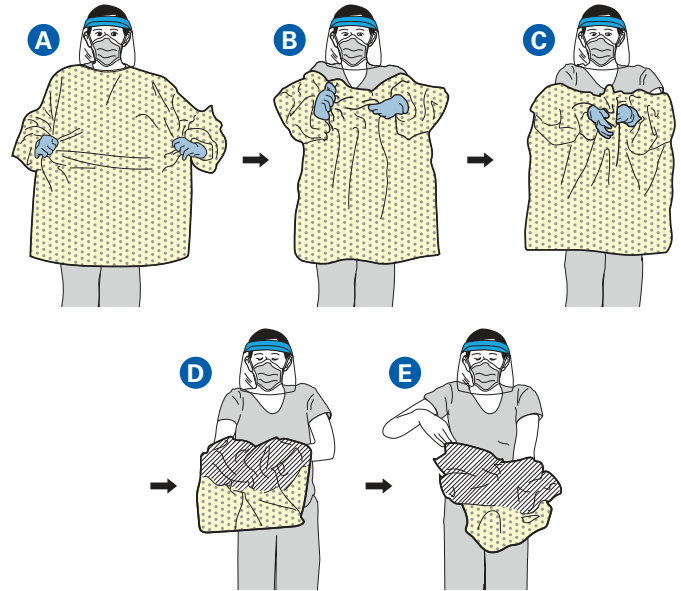


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



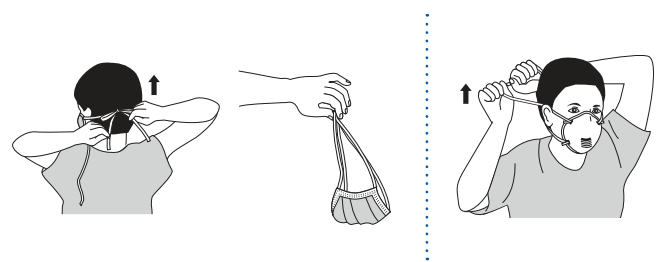
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

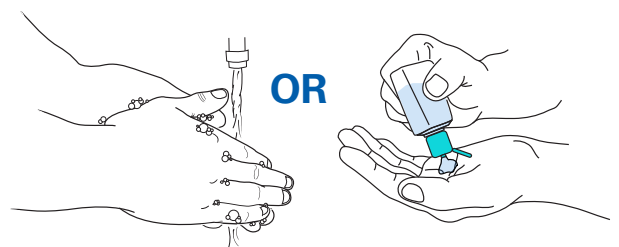


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



COVID-19 Phase Planning

(v1, 04.01.20)

PHASE PLANNING AND DEFINITIONS:

As a critical part of our crisis preparedness, Olathe Health is using staged planning to address the incremental changes to care that will need to be made based on the level of crisis and resources available. These have been carefully thought through and staged to minimize impact—providing the maximal services possible, while minimizing risk to providers and patients. These stages should be looked at as a continuum rather than three separate phases of care. In addition, different aspects of the organization could be in different phases at the same time, based on resources, staffing and more. Not all elements of care may require crisis strategies at the same time.

CONVENTIONAL CAPACITY: PHASE 1

In Phase 1, the organization's departments, associates and supplies are consistent with normal daily practices of the organization.

CONTINGENCY CAPACITY: PHASE 2

In Phase 2, the organization's departments, associates and supplies are not consistent with normal daily practices of the organization. Supplies are low and demand is high. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources).

CRISIS CAPACITY: PHASE 3

Adaptive departments, associates and supplies are not consistent with usual standards of care, but provide sufficiency of care in the context of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a significant adjustment to standards of care.