

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine
Vice President, Ambulatory Services and Population Health, Upstate Medical University

UPSTATE
UNIVERSITY HOSPITAL

July 8, 2020

How to Prevent Automatic Release of Sensitive Diagnostic Results to MyChart

CMS is enforcing new regulations to prevent “information blocking” from patients by healthcare systems. The new rules require accelerated release of all medical test results to the patient portal of the Electronic Medical Record (EMR), generally within 48 hours. In order to comply with CMS, we have reduced the release time for all tests to 48 hours. As a result, there is a risk that patients will discover sensitive information, such as a cancer diagnosis or concerning radiology finding, via MyChart prior to their physician discussing it with them. While we cannot universally block auto-release of these sensitive results, clinicians can manually prevent auto-release on a case-by-case basis. **If you have a test that you feel should not be released directly to the patient, please remember to manually select the option not to release to MyChart** as described in the attached [tips and tricks sheet](#) from our IMT team.

Regarding notes: at this time notes are not automatically released (but can be manually released). The CMS regulation will require automatic release (with the option to manually hold them back) in the future. We will let you know when this mandated change takes place.

Making Epic Easier to Use from Dr. Neal Seidberg

We are working to make Epic more efficient for you to use. We recently made a change that allowed you to place **orders** without having to re-enter your password. This change was very well received and increased your EMR efficiency. Now we want to extend that efficiency by removing the need to re-enter your password when **signing notes**. On July 15th, you will see this change take place in the system. We hope this helps you move through the system more efficiently. For more information, please refer to the attached [tips and tricks sheet](#) from our IMT team.

New / Revised Policies of Special Interest for Clinicians

New / revised policies of special interest for clinicians include:

- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#)
- [PPE Requirements During COVID-19 Pandemic \(COV P-08\)](#)
- [Specimen Collection for COVID-19 / SARS – CoV-2 Testing \(COV S-01\)](#)

Please see attached policies and refer to the COVID-19 policy manual via the [Upstate iPage](#).

COVID-19 Screening Process

All patients, visitors / companions must wear our ear loop mask ONLY from the time they come and during their whole visit. They will need to remove their personal mask for the whole visit and cannot cover their mask with ours. If they say no, they will not be allowed to enter. Children will only be given masks if they are able to remove it themselves.

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Screeners will take the temperature of all patients, visitors / companions. Screeners will ask all patients, visitors / companions if they are having any COVID-19 symptoms.

COVID-19 Positive Screenings

Patients, visitors / companions will be considered a positive screen if they are having any COVID-19 symptoms. They will be asked to wear our ear loop mask and given directions to call their primary care provider (main doctor) or the Upstate Triage hotline at 315-464-3979. All patients with a positive screen will be given our ear loop mask and the screening staff will call the clinic / unit for direction on where to send the patient. No visitor / companion will be allowed if they have a positive screen. Pediatric parent / guardian will be allowed with our ear loop mask if they are the only escort for a minor patient. Visitors / companions with symptoms must wait in their care or return later for the patient; they cannot wait in the building.

SwipeSense Went Live July 1st from Dr. Dinesh John

Hand Hygiene, done right, is one of the easiest and most effective ways to keep you and your patients safe in these challenging times.

SwipeSense is an electronic hand hygiene system (*see fig. 1 below*) that provides feedback on hand hygiene compliance, and also helps with contact tracing in real time for those who may have potentially been exposed to infectious pathogens. This enables timely identification, testing and treatment, as appropriate, for our staff and patient caregivers.



Fig. 1 – SwipeSense Hand Hygiene System

SwipeSense badges are currently being distributed only to the inpatient staff on both campuses. It should be worn behind your Upstate ID at all times. For videos on how SwipeSense works and how to wear your badge, please visit: https://www.upstate.edu/infectioncontrol/intra/swipe_sense/index.php.

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SwipeSense went live July 1st, and infection prevention will make the data reports available to inpatient units and departments in August 2020. The data that is generated by the system will be used for contact tracing, and for managers and the infection prevention team to provide coaching and feedback to staff about hand hygiene in a manner that is productive, just and fair.

We do insist, as a matter of professionalism, that inpatient staff wear their badges behind their Upstate ID at all times during their shift.

Location hubs may be seen in sites outside of the patient care area. These hubs are not monitoring that room; they are setting boundaries of patient rooms to prevent false readings in non-patient rooms. Also, please do not mistake these hubs for room deodorizers and unplug them under any circumstance.

Attached please find a list of Frequently Asked Questions. For more information, please contact AskTeamIP@upstate.edu.

Thanks in advance for your support and cooperation. Let us all do our part to keep our patients and the Upstate community safe by performing hand hygiene 100% of the time (i.e., 'Gel in, Gel out' for safety)

Reverting to Standard Autopsy Protocol from Dr. Robert Stoppacher and Dr. Gustavo de la Roza

Effective immediately, we will revert to our standard autopsy protocol, regardless of COVID-19 status.

On March 20, 2020 we changed our autopsy policy in response to the COVID-19 crisis. With what we know today about the disease, performing an autopsy on a COVID-19 case should not be any different than doing it with any other infectious case, including tuberculosis cases, for example. We have confirmed with Physical Plant that our current autopsy room at the Community Hospital is an airborne infection isolation (negative-pressure) room and that HEPA filter machines are also available. With the use of proper PPE, we will be following all CDC guidelines for post-mortem examinations of COVID-19 positive or suspected cases (see link below for details). We have also consulted with Dr. Stephen Thomas (Head of Infectious Disease), Dr. Jeremy Joslin (Clinical Operations Officer), Dr. Danielle Katz (Associate Dean, Graduate Medical Education) and Paul Suits (Director of Infection Control), who concurred with our assessment.

Link to CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

Amion Access by Shelley White

Attached please find a tip sheet on how to access Amion (Upstate's on-call listing) to determine who is on-call and how to reach that person.

Please refer to the attached tip sheet for more information and contact the CDI Hotline with questions at 315-464-5455.

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Clinical Documentation Improvement (CDI) from Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

Did you know Upstate has a CDI team made up of 11 Registered Nurses? They are here to help ensure that the documentation of the care you provide is consistent, specific and clear. If you need help with a query or have any documentation questions, please ask them, they are here to help. Contact your CDI Specialist through EPIC Secure Chat or leave a message on the CDI Hotline at 315-464-5455 and someone will get back to you.

Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:

Adult Hematology Oncology: I have been very impressed with my care from **Dr. Bernard Poesz** during my visits.

Breast Care Center: **Dr. Ranjna Sharma** is so nice and accommodating along with her talent! **Dr. Prashant Upadhyaya** is awesome - he is the Michelangelo of breast reconstruction!

ENT: **Dr. Jacob Feldman** was very thorough in his exam and explained everything well. Spent a lot of time with me answering questions and discussing the situation. **Dr. Charles Woods** is an awesome doctor. He takes the time to explain everything to you in detail. I would recommend him to anyone in need of an ENT doctor.

Family Medicine: **Dr. Kaushal Nanavati's** care, attention, and ability to provide holistic (encompassing all of me – mind body, spirit) assessment and treatment made me feel reassured and safe through the healing process. **Dr. Kaushal Nanavati** is the best doctor that we have ever had. As always, **Dr. Kaushal Nanavati's** calm presence, taking time to explain test results, treatment and care plan made all the difference to my healing process. I have and will continue recommending him to my family and friends. **Dr. Clyde Satterly** always makes appointments conversational, inquires, and listens to concerns.

Immune Health Services: I really enjoy my time with **Dr. Elizabeth Asiago-Reddy**.

Joslin Center for Diabetes: **Dr. Nidhi Bansal** is excellent and really attentive to needs and concerns, very encouraging, and does not make me feel bad if things aren't perfect. **Dr. J. Kurt Concilla** is great. He has a great personality and takes his time with me. He listens and is a miracle worker when it comes to my feet. I always leave there being able to walk without pain. My brother recommended **Dr. J. Kurt Concilla** to me and I have done the same – the office is a bit of a drive for me, but it is worth it. I will never go anywhere else. **Dr. Roberto Izquierdo** is wonderful!

Joslin Pediatric Center: **Dr. David Hansen** – good explanation, cared, listened well.

Nephrology Clinic: **Dr. Haris Mobeen** is a good doctor.



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Pediatric Cancer Center: Dr. Melanie Comito is very compassionate, nice, listens to what you have to say, and will answer any questions you might have. I couldn't ask for a better doctor. Dr. Melanie Comito is wonderful – she listened to each of my concerns and explained things well. She called me later that evening with results. She is so caring.

Pediatric Gastroenterology: Dr. Prateek Wali is wonderful! He is always very thorough and caring. We never feel rushed and the telemedicine visit was no different. Dr. Prateek Wali is wonderful. We feel very safe and comfortable entrusting our child's care to him.

Pediatric Surgery: We have always liked Dr. Kim Wallenstein – she is great!

Pediatric Urology: Dr. Anthony Tracey – very nice.

Pulmonology Clinic: Dr. Dragos Manta was very thorough reviewing data on record. Dr. Kartik Ramakrishna did an excellent job making me feel as if we had met in person which can be difficult in a virtual visit.

Radiation Oncology: Dr. Brittany Simone was wonderful from the get go – she was the reason I decided to have my treatment done at the Cancer Center.

Radiology: Dr. Ravi Adhikary – kudos! Dr. Katherine Willer is wonderful, informative, patient, kind and was very professional.

Rheumatology Clinic: I have always received exemplary care from Dr. Hom Neupane.

Transplant Center: I have been very pleased with Dr. Brian Gallay's compassionate care.

UHCC – Neurology: Dr. Sandra Gibson was very concerned with my condition. Good interaction with Dr. Eufrosina Young.

University Cardiology: Dr. Robert Carhart is awesome! Dr. Hani Kozman is an outstanding cardiologist! He truly takes the time to explain everything and is absolutely wonderful. I am so at ease knowing that he cares for the two most important people in our lives. Thank you so much!

University Center for Vision Care: Dr. Samuel Alpert – very knowledgeable, professional and informative. Dr. Preethi Ganapathy was excellently caring and a great listener of my concerns and care. Dr. Preethi Ganapathy has a wonderful, kind, and communicative approach when you visit her office.

University Internists: Dr. Khadija Ahmed has always been a good listener. I surmised that about her from the very first time I met her. That's the one thing that endeared her to me. Dr. Amit Dhamoon – extremely caring and helpful. Dr. Vincent Frechette provides excellent care and has a great knowledge base of current research trends in medicine. Dr. Vincent Frechette is very supportive; he is a good listener and shows all options. Dr. Vincent Frechette is the best! Dr.

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Vincent Frechette, as usual, was friendly, efficient and not in a rush. I am so thankful that **Dr. George Gluz** is knowledgeable and caring. So glad he is a part of my medical team! **Dr. George Gluz** really cares. I am so glad he is my PCP. **Dr. Sarah Lappin** is a wonderful doctor!

Upstate Pediatrics: **Dr. Yekaterina Okhman** explains my concerns very well and answers all my questions perfectly. Is also very friendly and gives lots of tips. **Dr. Ellen Schurman** is always nice and personable with us. **Dr. Jaclyn Sisskind** is the best doctor I could ever ask for! She is always kind, listens, and makes you feel welcomed and comfortable.

Upstate Urology: **Dr. Joseph Jacob** – really impressive and likable. **Dr. Joseph Jacob** was very attentive, informative, finishing with a plan. I have a lot of confidence in **Dr. Joseph Jacob**. His knowledge, professionalism and emotional intelligence is remarkable. I am very happy that I switched to **Dr. Oleg Shapiro**. **Dr. Oleg Shapiro** was outstanding.

Would Care Center: **Dr. Monica Morgan** is wonderful! **Dr. Monica Morgan** was one of the best, if not the best physician experiences I have ever had the pleasure of being exposed to. **Dr. William Santiago** was very competent. **Dr. Palma Shaw** was particularly helpful to me. She understands that I have a lot on my plate and made some excellent suggestions.

Thank you for all you do,

Amy

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MyChart Results Release, Auto-Release Timing

When a patient has test results finalized, these results will automatically be available for viewing in the patient's MyChart within a specific time frame. Find below the parameters for the release of results to MyChart.

Ambulatory

Ambulatory results will be **automatically released** to a patient's MyChart for viewing **2 days after the result has become final**, whether the provider has looked at it or not.

In some cases, clinicians might want to prevent results from being released through time-delayed results release. For example, a clinician might want to delay releasing a result until he has had time to talk to the patient about it on the phone or in person.

- In the **Results Release** InBasket activity, clinicians can click the new **Prevent** button in the **Prevent Auto-Release** column to prevent individual results from being released.

Note that after a clinician has removed a result from the time-delayed results release queue, he/she must release the result manually, if he chooses to make it available in MyChart at a later date.

QuickActions Done Reviewed Take **Rsult Release**

MyChart Results Release

Mark for Release: **All Results** **Normal Results** Set as My Default Options

Choose Columns Comments Preview: **One Line** Show Only Results for Provider: **<All Providers>** Show: ☒ Released

Test Result	Notify if Unviewed	Status	Rel/Unrel	Prevent Auto-Release	Comments
▶ LIPID PANEL			<input type="checkbox"/> Release	<input type="checkbox"/> Prevent	<input type="checkbox"/> Select
▶ CBC			<input type="checkbox"/> Release	<input checked="" type="checkbox"/> Prevent	<input type="checkbox"/> Select
▶ BLOOD ALCOHOL			Unrelease		<input type="checkbox"/> Select
▶ ASSAY LIPASE			<input type="checkbox"/> Release		<input type="checkbox"/> Select

Patient Message Accept Cancel

Inpatient

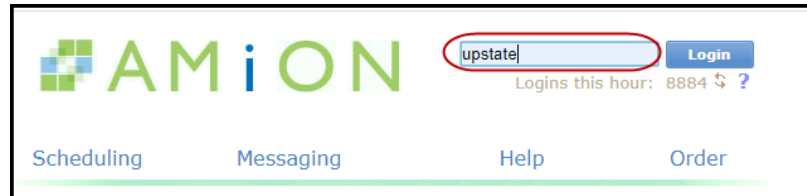
After an inpatient hospital encounter, **final results are released** to a patient's MyChart for viewing **24 hours after the patient has been discharged**. This is a requirement of the Meaningful Use program for hospitals. Results that are finalized after the patient leaves the hospital will follow the Ambulatory rules noted above.

Amion

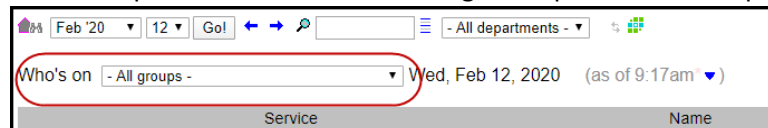
How to find out who is on call

1. Log in to amion.com from your PC or mobile device. ****Note: You do not need to be logged in to the Upstate network ****

- a. Password is 'upstate'

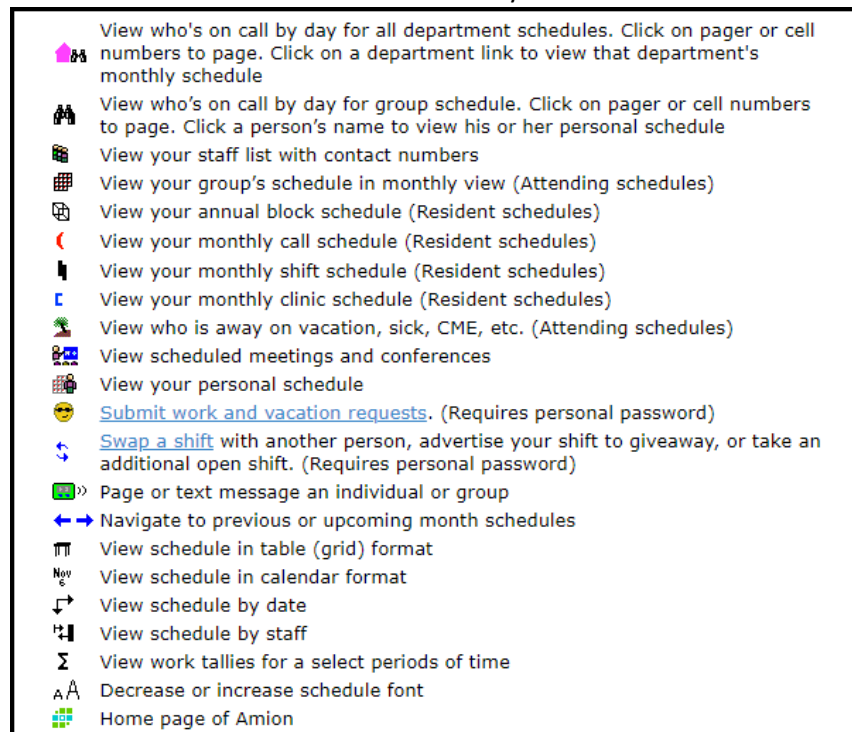


2. Find the schedule you need by using the drop-down menu. Schedules are listed in alphabetical order. Use the drop-down selector boxes along the top to filter for a specific staff or shift



- a.

3. Along the top of the page is a toolbar of icons. Navigate around your schedule using these icons. Place your cursor over the icons to learn what they do



- a.

4. For scheduling questions, email the scheduler by clicking on the contact email link provided at the bottom of the schedule page.

SwipeSense FAQs

1. Where do I get my SwipeSense badge?

We, at Infection Prevention are working diligently with your unit or department to get badges to staff who work on inpatient units on a regular basis. You will be issued a badge by your area or department within the next few days to weeks, in case you have not already received it

2. What does SwipeSense track?

Swipesense only tracks the act of hand hygiene, i.e. whether you did not or did not wash your hands or use alcohol hand rub. It does not track your movement within the hospital. Nor does it track time spent in a patient room. To reiterate, SwipeSense can only track the act of hand hygiene while entering and exiting a patient room, and nothing else.

3. What are the devices that look like room deodorizers or wi-fi-extenders that are plugged into the walls?

The devices in question are SwipeSense hubs which transmit data, which need to stay plugged into the wall. These are not room deodorizers or wi-fi extenders. Please do not unplug these devices under any circumstance.

4. Who can I contact with questions about SwipeSense?

For any questions, please contact AskTeamIP@upstate.edu

Policy Number: **COV P-08**

Approved by: Hospital Officers Leadership Team

Issue Date: 06/15/2020

Applies to: Upstate Medical University

Value(s): *Innovation, Respect, Integrity, Community*

Page(s): 1 of 12

PPE Requirements During COVID-19 Pandemic

Review Date:	Change Description:
07/06/2020	
Revised Date:	Change Description:
07/06/2020	Corrected time frame for close contact PPE requirements from 10 minutes to 15 minutes

Applies to:

All Staff

Policy:

Universal Precautions during COVID-19 pandemic

- Ear loop mask
 - To be worn by staff at all times with the exception of while eating.
 - To be worn by patients at all times unless unable to tolerate
 - To be worn by support person at all times
- It is a strong recommendation that a face shield be worn if in contact with a patient within 6 feet for >15 minutes.

Donning Ear Loop Mask

1. Before putting on the mask, wash your hands for at least 20 seconds with soap and water, or rub your hands together thoroughly with alcohol-based hand sanitizer.
2. Check for defects in the face mask, such as tears or broken loops.
3. Position the colored side of the mask outward.
4. If present, make sure the metallic strip is at the top of the mask and positioned against the bridge of your nose.
5. If the mask has:
 - Ear loops: Hold the mask by both ear loops and place one loop over each ear.
 - Ties: Hold the mask by the upper strings. Tie the upper strings in a secure bow near the crown of your head. Tie the bottom strings securely in a bow near the nape of your neck.
6. Mold the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers.
7. Pull the bottom of the mask over your mouth and chin. Be sure the mask fits snugly.
8. Don't touch the mask once in position.
9. If the mask gets soiled or damp, replace it with a new one.



Donning Face Shield

1. Bending forward hold on the face shield with both hands
2. Expand the elastic with your thumbs
3. Place the elastic behind your head
4. Ensure that the foam or front of shield rests on your forehead



Enhanced Personal Protective Equipment (EPPE) during COVID-19

Prepare your area before entering the room

Downtown Hospital

1. Place blue chux on top of cart white side up.
 - a. This will be used when exiting the room as an area to place items.
2. Wipe the cart off using Sani-wipes after disposing of chux



Community Hospital

Two tables are used

1. Place white attends cloth on cart designated for clean equipment
2. Place blue chux on cart designated for dirty equipment
 - a. This will be used when exiting the room as an area to place items
3. Wipe the cart off using Sani-wipes after disposing of chux



A. Don PPE- New N95 and New face shield**1. Supplies needed per shift:**

- a. Ear loop mask
- b. N95
- c. 2 (brown) paper bags
- d. Binder clip
- e. Face shield – labeled with name and date

2. Follow steps below:

- a. Place new chux on PPE cart
- b. Perform Hand Hygiene
- c. Pull back long hair to ensure a tight seal
- d. Perform Hand Hygiene
- e. Remove ear loop mask and place in bag #1
- f. Perform Hand Hygiene
- g. Don gown
- h. Perform Hand Hygiene
- i. Don N95
- j. Perform Hand Hygiene
- k. Don Face Shield
- l. Perform Hand Hygiene
- m. Don Gloves

B. Don PPE- PAPR**1. Supplies needed per shift:**

- a. Ear loop mask
- b. PAPR Hood
- c. PAPR
- d. 1 paper bag – labeled with name, date
- e. Binder clip

2. Follow steps below:

- a. Place new chux on PPE cart
- b. Perform Hand Hygiene
- c. Pull back long hair to ensure comfort
- d. Perform Hand Hygiene
- e. Remove ear loop mask and place in bag #1
- f. Perform Hand Hygiene
- g. Don PAPR/Hood
- h. Don Gown
- i. Ensure that PAPR is not covered by the gown
- j. Perform Hand Hygiene
- k. Don Gloves

C. Blood Draw

1. Tape biohazard bag to outside of door with zip lock top open to allow you to drop sample into bag without contaminating the area or having to doff PPE
2. During patient care **DO NOT TOUCH** Respirator or Face Shield

D. Before Entering Room

1. If there is an anteroom it is to be used for donning and doffing.
2. Staff should have all the PPE on as shown below prior to entering the room.

IF YOU WEAR AN N95	IF YOU WEAR A PAPR
	
<p>REFER TO ABOVE DONNING PROCEDURE</p> <ul style="list-style-type: none"> • DON GOWN • DON MASK • DON GOGGLES/FACE SHIELD • DON GLOVES 	<p>TEST PAPR PER ISTRUCTION BEFORE USE</p> <ul style="list-style-type: none"> • DON PAPR • DON GOWN- ENSURE THAT THE PAPR IS NOT COVERED BY GOWN • DON GLOVES

E. Bouffants

1. Bouffants are approved for use.
2. Please note this is not PPE but can be used by individuals to decrease touch contamination to the hair.
3. Their primary purpose is to keep hair from falling into a sterile field.
4. This offers no protection as they are porous



F. Shoe Covers

1. Shoe Covers are approved for use.
2. This offers no protection as they are porous and shoes will still become contaminated.
3. Their primary purpose is to decrease dirt contamination in procedural areas.
4. It is strongly recommended that you clean your shoes after your shift and store them outside of your traffic areas in your home

**G. Doffing Process N95 and Face Shield**

1. While still in the patient's room remove gown:
 - Grasp gown belt and pull forward to break the tie
 - Criss-Cross your arms, hands to your shoulders, to tear away shoulder area of gown
 - Pull gown away from your body removing your gloves from the inside
 - Discard in trash before leaving the room
2. Perform hand hygiene
3. Open door, exit room
4. Perform hand hygiene
5. Remove face shield, place on chux pad. Do this carefully as the front of the face shield is considered contaminated
6. Perform hand hygiene
7. Remove respirator by rubber straps careful not to touch the inside of the respirator
8. Place in Bag #2
9. Perform hand hygiene
10. Don ear loop mask from Bag #1
11. Don gloves
12. Disinfect face shield per section I. Disinfection Process-
 - a. For all staff caring for patients requiring Enhanced Airborne Isolation continue to use face shield, cleaning between patients, discarding only when no longer able to see or cracked.
13. Remove gloves
14. Discard Chux pad



*****If moving between patients the N95 and face shield can be left on but requires the face shield to be wiped down between patients*****

H. Doffing Process PAPR

1. PAPR Doffing
2. Remove gown and gloves inside of the room
3. Perform hand hygiene
4. Close the door after exiting room
5. Unclip belt
6. Place PAPR on cart in front of self
7. Remove hood
8. Turn off PAPR
9. Perform hand hygiene
10. Proceed to disinfection process

I. Disinfection Process**N95 User-Shield Disinfection**

Continued use for the shields is recommended until the shield is cracked or visibility is compromised.

1. Put on clean gloves
2. If visibly soiled, clean with soap and water
3. Wipe shield with PDI wipes
4. Allow shield to remain wet for approved amount of time noted on disinfectant packaging
5. After disinfection, hang on bag outside of room
6. Discard blue chux



NOTE: Foam band is free from contamination as this is a droplet transmitted virus. If your band becomes visibly soiled or you feel you have contaminated your shield, please discard and obtain a new shield.

J. Storage of Face Shield

1. Disinfect face shield per process in section I
2. Label face shield with name and date
3. Option 1- hang face shield in designated area on unit, or office
4. Option 2- place in plastic bag and store in designated area, locker, or office

K. PAPR / Hood Disinfection

Hood may be reused as long as it remains intact (no cracks or tears)

1. Put on clean gloves
2. If visibly soiled clean with soap and water
3. Wipe inside of hood with PDI wipes
4. Wipe outside of hood with PDI wipes
5. Allow to remain wet from PDI for 2 minutes
6. After disinfection place in drawer
7. Discard blue chux

L. PAPR Reprocessing for Inpatient only

1. At the end of the shift 0700 and 1900, place all used PAPR Hoods in the dirty utility in the designated bin to go to equipment for reprocessing.
2. Contact distribution to replenish the PAPR Hood sent to equipment.

**M. When to discard your N95**

1. Discard N95 respirators following use during aerosol generating procedures (AGPs) per policy COV A-02 Inpatient Aerosol Generating Procedures during COVID- 19
2. Discard N95 respirators if moist, wet, contaminated with blood, or other bodily fluids from patients.

UNIVERSAL PRECAUTIONS DURING COVID-19 PANDEMIC

UNIVERSAL PERSONAL PROTECTIVE EQUIPMENT DURING COVID-19 PANDEMIC				
Location	Required Patient PPE	Required Staff PPE	Highly Recommended Staff PPE	Rationale
All staff: Ambulatory and Inpatient	Ear Loop Mask This is a requirement unless the patient is not able to tolerate or does not need due to intubation.	Ear Loop Mask One ear loop mask per shift unless wet or visibly soiled. Not required while eating. While eating you must socially distance 6 feet apart.	Face Shield for contact with patient within 6 feet for >15 minutes.	<p>The highly recommended use of the face shield during close contact is due to recent evidence that 45-50% of all positive COVID-19 patients are thought to transmit the virus asymptotically. This adds an additional layer of protection for staff.</p> <p>Ear loop masks protect the patient from your droplet emissions and the patient's mask protects you from their droplet emissions.</p>

COVID-19 and COVID-19 Rule-out

PERSONAL PROTECTIVE EQUIPMENT GUIDELINES COVID-19 AND COVID-19 RULE OUT				
Location	Patient PPE	Staff PPE	Transport PPE	Rationale
Ambulatory Areas Including: AP1, Cancer Center, 5W, 4B Ambulatory not requiring close extended contact (greater than 15 minutes)	Ear loop mask	Ear Loop Mask Face Shield, Gown Gloves (while in the room with a patient)	Ear loop Mask	Patient will have a mask that will limit droplet dispersion. Staff will also have an ear loop mask. Also with limited time near the patient there would be no exposure risk.
Ambulatory Areas Including: AP1, Cancer Center, 5W, 4B Patients with rule out COVID, patients that tested positive within the last 28 days and those populations that are considered to be high risk (Nursing home, group home, prison, homeless) IF staff are to be within 6 feet of any of the above listed patients for > than 15 minutes	Ear loop mask	N95/PAPR Goggles/Face Shield Gown Gloves	N95/PAPR Goggles/Face Shield Gown Gloves	Clinic visits or procedures that require staff to be in the room for >15 minutes within 6 feet of the patient require an N95/PAPR Placing a mask on patient reduces droplet aerosolization which decreases exposure.

PERSONAL PROTECTIVE EQUIPMENT GUIDELINES COVID-19 AND COVID-19 RULE OUT

Location	Patient PPE	Staff PPE	Transport PPE	Rationale
EXTENDED USE PPE	<ul style="list-style-type: none"> • Ear loop mask required until patient is settled in room. • It is encouraged to keep patient masked if they can tolerate for duration of admission. • Mask is required if transporting. 	PAPR or N95 Staff can extend use of N95 Staff can extend use of Face Shield New Gown each patient New Gloves each patient	N95 or PAPR Staff can extend use of N95 Staff can extend use of Face Shield Goggles/Face Shield Gloves Gown	During the COVID-19 pandemic N95 and PAPRs can be extended for use per shift. A new N95 and PAPR hood should be used for the next shift worked.
During Aerosol Generating Procedure	It is encouraged to keep patient masked if they can tolerate for duration of admission.	N95 or PAPR Goggles/Face Shield Gloves Gown N95 will be discarded at the completion of the treatment Face Shield can be cleaned with hospital approved disinfectant and reused	N95 or PAPR Goggles/Face Shield Gloves Gown	Aerosolizes the infective material increasing risk of exposure. Refer to policy COV A-02
Nasopharyngeal Specimen Collection at testing sites	Ear loop mask over patient's mouth exposing only the patient's nose.	N95 or PAPR Face Shield Gloves Gown	N/A	The patient will likely cough during a thorough sample collection. Placing a mask on patient reduces droplet aerosolization which decreases exposure. Staff can reuse the N95 at these sites due to limited patient contact.

PERSONAL PROTECTIVE EQUIPMENT GUIDELINES COVID-19 AND COVID-19 RULE OUT				
Location	Patient PPE	Staff PPE	Transport PPE	Rationale
UST/HCT sitter	It is encouraged to keep patient masked with ear loop mask if they can tolerate for duration of admission.	N95 or PAPR Goggles/Face Shield Gloves Gown	N/A	PAPRS Should be considered for long term sitting for comfort of staff.
Portable X-ray	It is encouraged to keep patient masked with ear loop mask if they can tolerate for duration of admission.	N95 or PAPR Goggles/Face Shield Gloves Gown	N/A	The bedside procedures that require staff to be in the room for >15 minutes within 6 feet of the patient require an N95/PAPR
Bedside Radiology, including Ultrasound lasting >15 minutes	It is encouraged to keep patient masked with ear loop mask if they can tolerate for duration of admission.	N95 or PAPR Goggles/Face Shield Gloves Gown	N/A	The bedside procedures that require staff to be in the room for >15 minutes within 6 feet of the patient require an N95/PAPR

Corresponding Clinical Procedure(s):
None

Education/Related Resources:
Transport PPE Guidelines, COV T-01
Inpatient Aerosol Generating Procedures during COVID- 19, COV A-02

Form Names(s) and Number(s):
None

Originating Department: Infection Prevention
Contributing Department(s): Nursing

References/Evidence-Based Reference(s):

Centers for Disease Control and Prevention (CDC). Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Updated March 10, 2020. Accessed March 22, 2020.

Centers for Disease Control and Prevention (CDC). Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies. Updated March 17, 2020. Accessed March 22, 2020.

Centers for Disease Control and Prevention (CDC). Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response. Updated March 5, 2020. Accessed March 22, 2020.

Centers for Disease Control and Prevention (CDC). Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings. Updated March 28, 2018. Accessed March 22, 2020.

FDA Press Release: Coronavirus (COVID-19) Update: FDA and CDC take action to increase access to respirators, including N95s, for health care personnel. Updated March 2, 2020. Accessed March 22, 2020

Scripps Research Institute. (2020, June 12). Up to 45 percent of SARS-CoV-2 infections may be asymptomatic. ScienceDaily. Retrieved June 26, 2020 from www.sciencedaily.com/releases/2020/06/200612172208.htm

Policy Number: **COV S-01**

Approved by: Hospital Officers Leadership Team

Issue Date: 03/30/2020

Applies to: Upstate University Hospital

Value(s): *Innovation, Respect, Integrity, Community*

Page(s): 1 of 2

Specimen Collection for COVID-19/SARS-CoV-2 Testing

Review Date:	Change Description:
07/06/2020	
Revised Date:	Change Description:
07/06/2020	Changed format for easier understanding. Placed photo for example of accurate swab collection. Outlined and added transportation of specimen guidelines.

Applies to:

RN's, Medical Providers.

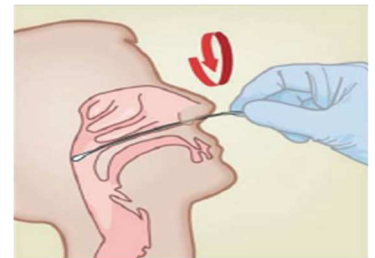
Unlicensed clinical staff may assist in collecting COVID-19/SARS-CoV-2 (COVID-19) testing samples as long as the Registered Professional Nurse (RN) enters the nursing order in the electronic medical record (EMR), and is responsible for the on-site direction of the unlicensed clinical staff in collecting the COVID-19 sample.

Policy:

Nasopharyngeal (NP) swab kits are available on nursing units and from the laboratory at both campuses upon request (Downtown: 315.464.4459, Community: 315.492.5177).

Upper respiratory tract Specimen Collection

1. Use mini-tip with flexible shaft
2. Place ear loop mask over patient's mouth if patient is able to tolerate.
3. Insert swab into the nostril parallel to the palate.
4. Leave the swab in place for a few seconds to absorb secretions.
5. Collect material from both nasopharyngeal areas with the same swab.
6. Immediately place swab in 1-3 mL transport medium.



Transportation of Specimen

1. Deliver to laboratory within 4 hours. You may use the tube system to deliver specimen.
2. If the sample cannot be delivered within 4 hours place in the refrigerator. Transport on wet ice or cold packs do not freeze.

Corresponding Clinical Procedure(s):

None

Education/Related Resources:

Inpatient Aerosol Generating Procedures Airway Procedures during COVID-19, COV A-02

Form Names(s) and Number(s):

None

Specimen Collection for COVID-19/SARS-CoV-2 Testing (cont.) COV S-01

Page 2 of 2

Originating Department: Infection Prevention

Contributing Department(s): Nursing, Pathology

References/Evidence-Based Reference(s):

None cited

Policy Number: **COV V-08**

Approved by: Hospital Officers Leadership Team

Issue Date: 03/16/2020

Applies to: Upstate Medical University

Value(s): *(Drive Innovation & Discovery, Respect People, Value Integrity, Serve Community)*

Page(s): 1 of 7

Visitor Restriction During Prevalence of COVID-19

Review Date: 06/30/2020	Change Description:
Revised Date: 06/30/2020	Change Description: Visitors traveling from COVID 19 high risk designated states are not permitted without 14-day quarantine period. FYI/Visitor restrictions should note name of visitors who are permitted to visit and those not permitted to visit. Only surgical patient's visitors/companions from greater than 30 miles away will be directed to a designated waiting room.

Applies to:

This policy applies to both hospitals all inpatient care units, including critical care, behavioral health units, Golisano Children's Hospital (GCH), Peri Op/Procedural, Transitional Care Unit, Inpatient Rehabilitation units, Emergency Departments, Cancer Center and all ambulatory sites.

The provisions of this policy apply to all Upstate employees seeking to visit in addition to external visitors/support persons. The visitor/support person exception applies to internal and external visitors at all sites.

Policy:

General Guidelines: Upstate inpatient units at both University, Community Hospital and GCH allows intermittent visitation for admitted patients for four hours/day, one person at the patient bedside, seven days a week under the following provisions;

- Visitors traveling from designated states with high COVID infection rates as of 06/30/2020, without the recommended 14 day quarantine period, will not be permitted entry to the institution at any site. See [COVID-19 Travel Advisory – Restricted States](#)
- Visiting hours limited to 2 p.m. to 6 p.m.
- Visitors must be 18 years of age or older, inpatient visitors must be badged at hospital entry desk, supply name and contact phone number and the name of patient they are visiting.
- Admitting RN may request the name of a designated visitor from the patient to enter in the record. The designated visitors name who can visit may be entered in EPIC by nurse or other under FYI/Visitor Restrictions noting "may visit". The patient may request one visitor/day but visitors can be different individuals day to day. FYI/Visitor restriction should also note the name of any visitor NOT permitted to visit by either patient or hospital staff noting "may not visit".
- Visitors are temperature screened at all entry points and provided education on wearing a mask and handwashing. Additionally, visitors must be screened for symptoms (i.e. cough, shortness of breath, or fever) or potential exposure to someone with COVID-19.

- Visitors are limited to one person per day with one visitor at the bedside only– not to exceed 4 hours in duration of visit unless extended visitation is approved (i.e. one parent in pediatrics).
- Support persons allowed by exception to be with COVID patients will receive additional education and assistance with PPE if required, see page 2 of this policy.
- Visitation to any inpatient behavioral health unit or the 7U Secure unit are restricted and only permitted by exception of the clinical team in psychiatry or the Department of Corrections in conjunction with clinical team on 7U.
- Visitors at Family Birth Center at Community Hospital are limited to one labor coach and one doula if applicable, no additional visitors.
- Visitors who fail to wear a face mask and other PPE will be asked to leave the facility.
- Once in the facility, visitors must remain in the patient's room throughout the visit except when directed by the hospital staff to leave (e.g. during an aerosolizing procedure).
- Visitors may use the designated visitor bathrooms located on the floor of the unit of which they are visiting, and return to the room when finished. The use of patient bathroom for visitors is prohibited and is for patient use only.
- Visitors to non COVID positive or non COVID rule out patients may utilize public sites such as the cafeteria, gift shop, Café Kubal and Perk Up Coffee upon entry and exit from facility.
- Overhead announcements will be made prior to end of visiting hours after which visitor must leave the hospital. Nursing staff and rounding security staff will reinforce the 6PM close to visiting time on units.

Extended Visitation Provisions Beyond 4 Hour Limit; All previously adopted COVID-19 visitation guidelines remain in effect. The modifications do not restrict or interfere with the previous established guidelines. Areas that have additional limitations and specific guidelines include GCH, Ambulatory, ED, Peri Op/Procedural, TCU, Family Birth addressed on following page:

- Any exceptions for bedside visitation that will extend beyond the 4-hour limit of adult inpatients (inclusive of inpatient rehabilitation), must be approved by the Administrative Supervisor on site at University Hospital or Community Hospital. Only one visitor is allowed at the bedside, if there is permission for an extended hours visitor then no other visitors will be permitted for the patient during that time frame.

In addition:

- Any visitors with extended hours of visitation, vendors, external patient transport company personnel and interpreters, noted in this policy, meeting these exceptions, must be screened at entry for symptoms (i.e. cough, shortness of breath, or fever) or potential exposure to someone with COVID-19 and the duration and number of visits should be minimized. Visitors will be taught PPE donning and doffing before entering room appropriate to patient's needs.
- All attempts to provide a private room for patient if there is an extended visitor exception will be made by the administrative supervisor.

- Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.
- If one visitor/support person is allowed for extended visitation by the Administrative Supervisor exception that visitor/support person is expected to remain in the patient's room for duration of the visit. If an exception is needed to accommodate an adult inpatient's visitor's essential/critical need to leave the hospital and subsequently return that exception must be discussed with the Administrative Supervisor. See COVID Adult Visitor Information Document, [F95396](#).
 - Visitors with extended privileges to non COVID positive or non COVID rule out patients may utilize public sites such as the cafeteria, gift shop, Café Kubal and Perk Up Coffee in addition to receiving take out deliveries in hospitals front entrances.
 - Visitors are not permitted for COVID positive patients unless there are extenuating circumstances (i.e. End of life, GCH parental exceptions and OPWDD support persons only) and Administrative Supervisor has approved according to medical necessity for a support person only in extenuating cases. If the support person of a patient with confirmed or suspected COVID-19 has been a close contact of the patient and has already been exposed to COVID-19 these support persons should:
 - Wear a surgical or procedure mask throughout their time in the hospital;
 - Practice scrupulous hand hygiene;
 - Remain in the patient's room
 - While in the room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.
 - If the support person of a patient with confirmed or suspected COVID-19 has not been a close contact of the patient and does not have a history of confirmed COVID-19, the support person should:
 - Wear a surgical or procedure mask throughout their time in the hospital;
 - Practice scrupulous hand hygiene;
 - Remain in the patient's room
 - While in the room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.
 - The risks of acquiring COVID-19 should be fully explained, so that the patient and support person can make an informed decision of whether or not the support person's presence at the patient bedside is essential to the patient's health.
 - Aerosol Generating Procedure (AGP) is to be performed on a COVID positive or COVID rule out patient, if a support person is in the room, and has had prior exposure to the COVID positive patient prior to admission, the support person may remain in the room with appropriate PPE. If the visitor/support has not had prior exposure to COVID they will be asked to leave the room and the RN will direct the visitor to closest waiting area, or directly outside patient room if procedure is short duration. Re-entry to the room would require permission of bedside RN or other clinician after surfaces in the room have been wiped down.

- **Pediatric Inpatient GCH:** For hospitalized pediatric patients, especially with prolonged hospitalizations, the patient or family/caregiver may designate two support people with extended visitation privileges who are 18 years of age or older. Support persons names should be entered in EPIC by bedside RN under FYI/Visitor Exceptions. Only one visitor/support person may be present at a time at the bedside.

The support person must remain in patient's room as indicated (note: cafeteria, coffee, take out bullet on page 2 apply to GCH) and may rotate out with second support person as needed in GCH. Permission of clinical leader/charge RN and provider order are is needed if family/care giver are to take patient outside to GCH traffic circle for outdoor exposure.

The Administrative Supervisor should be contacted for approval of visitor exceptions outside the standard process of designating two (2) support persons described above. See COVID Visitor Information Document-Pediatrics, [F95397](#).

- **Ambulatory:** Visitors/companions are not routinely allowed. Only one person is allowed in ambulatory (clinic) areas if essential for the care of the patient, as determined by the clinic, based on visit criteria. Examples are parent/guardian for minor, patient with dementia, mentally challenged, hands-on/return demonstration education needed for patient's after care, visit for care/treatment planning or receiving critical test results, and those needing personal assistance to and from the visit such as any patient arriving via wheelchair. A subset of visit types will be determined by each clinic to authorize a single visitor, and individual clinic site managers would grant the exception for visitors outside those guidelines. All visitors should be expected to accompany patients for the duration of the visit, including exams and to maintain proper social distancing in clinic waiting rooms. Clinics will be responsible for communicating the appropriate visitor expectation during a pre-visit phone call to the patient.
- **Emergency Departments:** Pediatric ED and Pediatric After hours would permit one parent/support person for each patient 18 years old or less. In the Adult ED setting, a visitor would be allowed at times when the visitor can provide assistance in the care of the patient. Attending and charge RN would collaborate and make joint decision. If the ED patient requires admission, the admitting RN should inform visitor that visitation may not be allowed in the inpatient setting. Administrative supervisor should be contacted if visitor requests to remain with patient in inpatient setting.
- **Peri Op (operative surgical services)/Procedural:** visitors/support persons are encouraged to return home to wait. Visitors must be from greater than 30 miles away to be directed to the attended waiting space either for University Hospital in first floor patient registration, MRI waiting area or at Community Hospital Physician's Office Building (conference room). Visitors/support persons can then be reached for any questions/concerns during the intake and discharge process for the patient if a same day procedure.

- **TCU Patients:** All visitors and non-essential health care personnel are restricted from the TCU except for certain compassionate care situations, such as imminent end-of-life situations. Approvals for visitation will be made by the Administrative Supervisor on a case by case basis.
 - Visitors who present to the TCU unit based on the above will be subject to screening for temperature and sign/symptoms of COVID prior to entry on the unit and every 12 hours while on the unit.
 - Education with vendors and/or family for patient discharge should occur virtually when able or in an area outside the TCU unit.
 - Service vendors require approval from the TCU manager/director to ensure DOH guidelines for screening and testing are implemented as appropriate.
- **Family Birth Center:** one labor coach is permitted (patient's spouse, partner, sibling, parent or another person of patient's choice), additionally mother may request a doula to be present if they have one. In the event there is a surrogate delivery, the surrogate mother may have one support person as indicated above in addition to the birth parents of infant.
- **End of life situations or adult patients with intellectual and/or developmental disabilities (I/DD), and patients with cognitive impairments including dementia may have a visitor/support person exception granted if the visitor/support person has been determined by the clinical team and administrative supervisor to be essential to the care of the patient (medically necessary) including;**
 - For hospitalized patients, especially with prolonged hospitalizations, the patient or family/caregiver may designate two support people; but only one support person may be present at a time.
 - In these inpatient settings, the designated support person(s) will be the only support person allowed to be present during the patient's care and must remain in the patient's room for duration of visit.
 - This restriction must be explained to the patient and support person in plain terms, upon arrival or prior to arriving at the hospital as acuity permits.
 - Hospital staff should ensure that patients/family fully understand this restriction, allowing them to decide who they wish to identify as their two designated support persons.

VENDORS, EXTERNAL PATIENT TRANSPORT PERSONNEL, POST ACUTE CARE PARTNERS (i.e. Home Care) are only allowed on campus for the following exceptions:

- Patient/family teaching in preparation for discharge limited to one vendor representative for teaching; Vendors are not allowed on the TCU.
- Post-Acute care partners may be permitted for screening for placement or home care needs, care coordination and conferencing with caregivers and clinical team for post-acute care planning.

- Operating rooms only in the event vendor must be present for device use or insertion limit one vendor per case; installations of critical equipment. See policies CM V-06, Technical Support Representative in OR/Procedural Area and V-12, Vendor Access, for more details.
- Critical supplies for operations, desktop deliveries, ATM's, and vending machines. All vendors must be temperature checked and wear an ear loop mask.
- Transport companies may come up to patient care units for patient pick up and drop off after screening at entry.
- All screening at entry and remaining masked for duration of time at clinical sites applies.

Non-Employee Clinical Observers/ Shadowing: Potential Job Applicants, Students from Non-Credit Bearing Programs, Students from Credit Bearing Programs and Volunteers:

- Limited Upstate students returned to campus week of May 18th with students from outside colleges and training programs beginning return July 1, 2020.
- Job Shadowing is not allowed
- Interviewing for potential job applicants should continue as much as possible in a remote method.

CONTRACT STAFF (Contractors, Technicians, Service Technicians)

- Screening consistent with Upstate employees.
- Will also notify contract staff employers to ensure they are also pre-screening staff to be assigned or sent to Upstate locations.
- Security Contractors - will follow same screening procedures as Upstate employees
- Clinically contracted staff, RNs, PT, OT, Radiology Technologists, Respiratory Therapists etc. will continue to be screened thru employee health before employment begins.

INTERPRETER SERVICES

- To preserve PPE, Video-Remote Interpreting (VRI) and Language Line will be utilized first and whenever possible.
- Second to VRI/Language Line phone, Upstate-employed interpreters will be utilized depending on exam/test or nature of the communication if a live interpreter is the only or preferred option.
- Other vendors for interpreters have been contacted and they are pre-screening their staff before deployment, but they will ONLY be used if VRI/Language Line - Phone) or employed interpreter cannot be utilized.

SERVICE ANIMALS

- Refer to Hospital Administrative policy A-24, Americans with Disabilities Act (ADA) Compliance, Including Service Animals.

* See [NYSDOH detailed guidelines for visitations posted on 05/20/2020](#)

See [NYSDOH Informational Message: COVID-19 Hospital Visitation Program](#) on 06/17/2020

Education/Related Resources:

Technical Support Representative in OR/Procedural Area, CM V-06

Vendor Access, V-12

Americans with Disabilities Act (ADA) Compliance, Including Service Animals, A-24

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

[COVID-19 Travel Advisory – Restricted States](#)

Form Names(s) and Number(s):

COVID-19 Room Entry Tracking, F95395

COVID Adult Visitor Information Document, F95396

COVID Visitor Information Document – Pediatrics, F95397

Originating Department: Infection Prevention

Contributing Department(s): Nursing, Hospital Administration

References/Evidence-Based Reference(s):

CDC COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

HealthAdvisory:COVID-19 Guidance for Hospital Operators Regarding Visitation Updated Guidance regarding Obstetrical and Pediatric Settings, March 27, 2020

https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19_obpedsvisitation_032720.pdf

Health Advisory: COVID-19 Updated Guidance for Hospital Operators Regarding Visitation, May 20, 2020

https://coronavirus.health.ny.gov/system/files/documents/2020/05/doh_covid19_revisedhospitalvisitationand_faq_052020_final.pdf

All Roles

Changes Made to Signing Notes



EPIC SYSTEM UPDATE

Overview of Feature / Changes

Effective July 15, 2020: All notes in Epic will no longer require re-entry of your password when you sign the note. Simply write the note and click the Sign button to make it active and visible. **This change affects all roles and all note types.**

Risks and Exceptions:

This change introduces risks associated with walking away from the workstation without securing, logging out, or badge tapping out. If you forget to secure, log out, or badge tap out of Epic, other users can write and sign notes with your password. By policy, you will be responsible for these notes.

It is imperative that you remember to secure / log out / badge tap out of Epic before you leave the workstation unattended.

As a precaution, always double check **WHO** is logged in to Epic. The name of the user appears in the top hyperspace toolbar as well as in the top right hand corner of the patient chart.

