# CMO SPECIAL REPORT: COVID-19 UPDATE

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



**MARCH 12, 2020** 

### **Applies to All Clinicians**

## **Visitor Restriction Policy**

Out of an abundance of caution and for the protection of our patients and staff, Upstate University Hospital and its outpatient clinics are restricting visitors until further notice, effective immediately. This includes Upstate Golisano Children's Hospital, Upstate Cancer Center and Upstate Community Hospital. Updates to our policies will be driven by the clinical scenario, so please keep an eye out for further communication.

Visitors experiencing cough, sore throat, fever, or any other flu-like symptoms are not permitted.

Children under the age of 18 are restricted from visiting at this time.

At this time, only two healthy visitors are permitted per patient.

Visitors with symptoms will not be permitted to enter the Emergency Department unless they are the only parent, guardian or healthcare proxy of the patient.

Upstate Cancer Center will allow one health visitor or escort per patient.

Individuals who are not symptomatic but have a travel history, will be screened according to CDC guidelines. The screening criteria are:

- Anyone with a travel history to an area with widespread or sustained COVID-19 in the last 14 days.
- Anyone who has had contact with someone who traveled to those areas and returned in the last 14 days and who is ill.

For more details, please refer to the attached internal guidance document for specific clinical units / areas. Please pay attention to your email and other communication portals because we will be sending out updates as things evolve.

### **Testing**

**Applies to All Clinicians** 

A message from Dr. Jana Shaw, Upstate Golisano Children's Hospital Epidemiologist, Pediatric Infectious Diseases...

With an increased availability of testing capacity for COVID-19, I would like to update you on the testing flow to ensure clarity and consistency. This does not address indications for testing.



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When ordering test for COVID-19, the following applies:

- 1. Please ensure that patient is properly isolated.
- 2. Test can only be ordered by attending.
- 3. You no longer need ID or local department of health (LDH) approval to test.
- 4. When ordering a test, please call our lab at 315-464-4459 to obtain the specimen collection kit and a downtime requisition form.
- 5. You do not need to notify LDH that you are testing.
- 6. You do not need to notify LDH when you are discharging patients whose COVID-19 testing is pending. You <u>DO</u> however have to advise the patient to self-quarantine. The LDH will be in touch with the patient if the test is positive. Currently, the turn-around time for testing is 1-2 days but may be longer as volume increases or may not change as we have access to alternate testing labs.
- 7. If you are discharging patient with <u>CONFIRMED COVID-19 disease</u>, you have to do following:
  - a. Notify LDH and ID to seek guidance for discharge clearance.
  - b. Current detailed discharge criteria for confirmed cases can be found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a>

## **Ambulatory Policy**

**Applies to All Clinicians** 

A message from Dr. Jana Shaw, Upstate Golisano Children's Hospital Epidemiologist, Pediatric Infectious Diseases...

Attached please find an Ambulatory Care Triage Algorithm and Staff Guidance document to assist your practices in fielding calls from patients with respiratory illness during the COVID-19 epidemic.

It is our goal that the location of care for suspected COVID-19 patients is determined based on the severity of illness. Patients with mild respiratory illness should not be referred to the Emergency Department for evaluation and testing. Guidance on testing and infection prevention in ambulatory care can be found at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a>. In times of pending wide COVID-19 virus circulation, we have to be diligent about protecting our health care resources and avoid unnecessary referrals to Emergency Departments.





# CAMPUS ADMINISTRATIVE POLICY MANUAL

Policy Number: CAMP L-NN Approved by: University Executive Committee

Issue Date: mm/dd/yyyy Applies to: Upstate Medical University - Campus

Value(s): Drive Innovation & Discovery, Respect Page(s): 1 of 2

People, Value Integrity, Serve Community

### **COVID- 19 VISITOR RESTRICTION**

(body font should be Times New Roman, 12, Bold)

<b>Review Date:</b>	Change Description:
Date last reviewed.	Complete if reviewed, but not revised (i.e., policy reviewed; no changes recommended)
Revised Date: Change Description:	
Date last revised	A summary description of the changes to the document.

This policy applies to all inpatient care units, including critical care, the behavioral health floors and the Inpatient Rehabilitation Facilities

- At this time, only 2 visitors are allowed in the hospital per patient.
- In specific circumstances, such as end-of- life care or a patient in need of a medical guardian/decision-maker, care teams will have latitude to make the appropriate decisions.
- If the patient's condition requires the visitor to wear a mask during the visit, a paper bag will be issued for the visitor to take the mask home. The visitor is expected to reuse the mask for each visit, as long as the mask is functional.
- No visitor will be allowed to visit if they have any flu-like symptoms such as cough, sore throat, or fever, regardless of the source of those symptoms. No children under the age of 18 will be allowed to visit.
- Visitors in violation of these rules will be removed from the premises.
- In the event of the need for a family meeting for the discussion of medical decision-making, family members will be asked to participate by phone from home.
- However, even in the case of exceptions, any family member or visitor with a travel history to mainland China, South Korea, Iran, Italy or any of level 1, 2 or 3 areas as outlined by the CDC in the last 14 days are not allowed to enter the hospital. Upstate also considers anyone that traveled to NYC or other cities in the USA that have ongoing transmission unable to visit.
- This information is constantly updated on the CDC website and may be found in the following link: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

#### **GOLISANO CHILDREN'S HOSPITAL**

- Only two identified individuals (e.g. parent/guardian/medical caregiver) may be with the patient for the entire stay.
- No children under the age of 18 will be allowed to visit.

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#### **UPSTATE EMERGENCY DEPARTMENTS**

#### **General Criteria**

- Accompanying patients who are not a PUI: No visitors, one individual with exception (parent, guardian, or healthcare proxy).
- Accompanying patients presenting as a PUI or suspected PUI:
- Critically III patients -2 family members, of which one is the healthcare proxy. Exceptions in the case of dying patients.
- Asymptomatic or mildly symptomatic patients No visitors, one individual with exception (parent, guardian, or healthcare proxy). Visitors will be restricted to the patient's room. Any visitor not necessary to the care of the ED patient should be encouraged to leave and make him/herself available by phone.
- Visitors will be screened by the CDC/DOH criteria for Coronavirus. Anyone who screens positive will not be allowed to enter the Emergency Department unless they are the only parent, guardian or healthcare proxy of the patient. The screening criteria are:
- Anyone with a travel history to an area with widespread or sustained COVID-19 in the last 14 days are not allowed to enter the Emergency Department.
- Anyone who has had contact with someone who traveled to those areas and returned in the last 14 days and who is ill.

#### **General Guidance:**

- When in question, the healthcare proxy determines the visitors.
- Visitors will be given a standard wristband or Visitor Pass associated with the patient they are accompanying.
- Visitors with a PUI will be restricted to the patient's room and unable to utilize any other ED or hospital resources (bathroom, cafeteria, etc.)
- Visitors with no concerning travel history but symptoms of sniffling, sneezing, coughing, or fever will be asked to wear a mask during the entire ED visit.
- Pregnant, immunocompromised, or elderly (age >60) visitors and siblings will be discouraged from entering.

#### **UPSTATE BIRTHING CENTER**

- Temporary limitation of visitors to The Birthing Center
- Only the birthing partner and a Doula, if pre-approved, will be allowed on the Birthing Center.
- A wrist band will be provided and will include the patient's last name and the last 4 digits of the MRN. The band must be worn to allow access to the Birthing Center.

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- If the mother's condition requires the visitor to wear a mask during the visit, a paper bag will be issued for the visitor to take the mask home. The visitor is expected to reuse the mask for each visit, as long as the mask is functional.
- Visitors will be screened using the standard criteria for visitor screening.
- Every visitor must be checked in at the desk prior to visiting and must show their wrist band.
- After 8 pm, no visiting is permitted.
- No visitor will be allowed to visit if they are sniffling, sneezing or coughing, regardless of the source of those symptoms. No children under the age of 12 will be allowed to visit.
- Visitors in violation of these rules will be removed from the premises.
- Exceptions may be made at the sole discretion of the medical/ nursing team.

#### UPSTATE COMMUNITY CAMPUS TRANSTITIONAL CARE UNIT

No visitors are allowed at this time.

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# STUDENTS, VENDORS, CONTRACTORS, INTERPRETERS, OR/CANCER CENTER, VOLUNTEERS

#### **STUDENTS**

- Students (Nursing, Medical Students, Rehab, Diagnostic Imaging, Pharmacy, and other Clinical) will be allowed due to potential need for their assistance.
- Nursing schools will receive an email with an attestation that they will need to have their students sign based on the screening questions currently in place for all employees.
- When student arrives at an Upstate location their proctor/supervisor/mentor (person with oversight for their work/education onsite) will also review the attestation and have them sign it.
- Same requirements for our employees regarding screening for work. Cannot work if cold/flu symptoms are present.

#### **Clinical Observers/ Shadowing**

- Will not be allowed until further notice
- Job Shadowing is allowed

#### **VENDORS AND SALES REPRESENTATIVES**

- Vendors will be notified that they can only come onsite for required business by appointment. Advance screening needed to even come to Upstate. Only essential visits allowed.
- See email sent through management forum 3/12/20 1253
- Vendors with no legitimate business or need to be onsite or in any areas/locations will not be allowed

#### **CONTRACT STAFF (Contractors, Technicians, Service Technicians)**

- Screening consistent with Upstate employees. Will use same attestation if needed, as used for students.
- 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

#### **PERIOPERATIVE AND OR LOCATIONS**

• For patients requiring sedation, 1 Visitor or Escort (screened on arrival) will be allowed

#### **CANCER CENTER**

• For patients - 1 Visitor or Escort (screened on arrival) will be allowed

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#### **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, we will use Upstate-employed interpreters since depending on exam/test or nature of the communication 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 we cannot use VRI/Language Line Phone) or employed interpreter.

#### **VOLUNTEERS**

- Volunteers allowed subject to same screening as Upstate employees
- Will discourage volunteers who come onsite for simply social activities and if they are 65+ years of age

#### **SERVICE ANIMALS**

• True trained Service Animals are acceptable. Comfort Dogs - NOT ALLOWED

**Education/Related Resources:** 

Form Name(s) and Number(s):

**Originating Department:** Infection Prevention

Contributing Department(s): List of all departments/areas that contributed to contents of policy

**Evidence-Based Reference(s):** 

Should be reviewed and within 5 years when possible



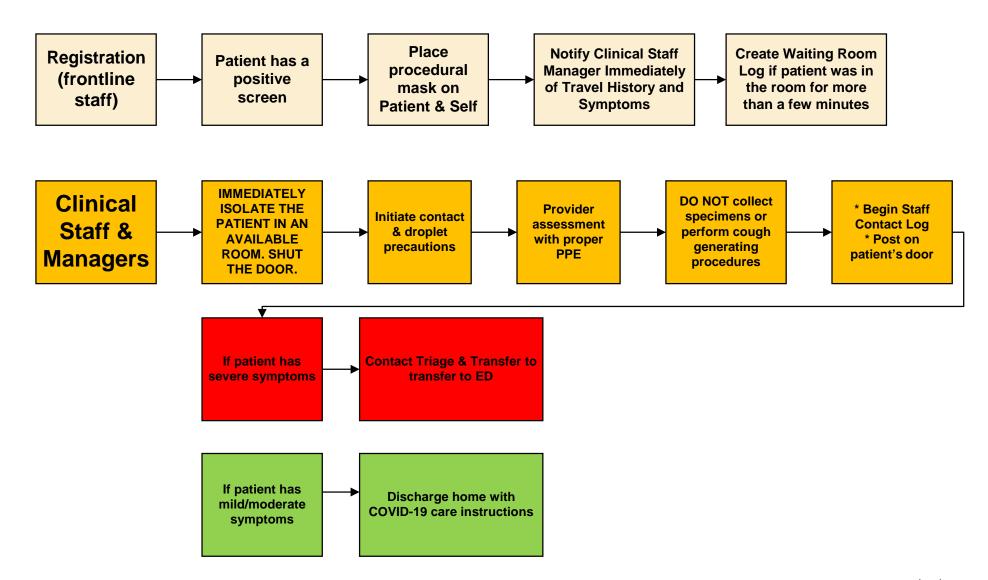
## Off-Site Ambulatory and Outpatient Clinics

## Communications/Notifications

Title	Should contact	Contact info
Outpatient Registration	Clinic Nurse Manager or Designee	
Clinic Nurse Manager	MD/Provider	
MD/Provider	Triage & Transfer Center	315-464-5449



# **OUTPATIENT**





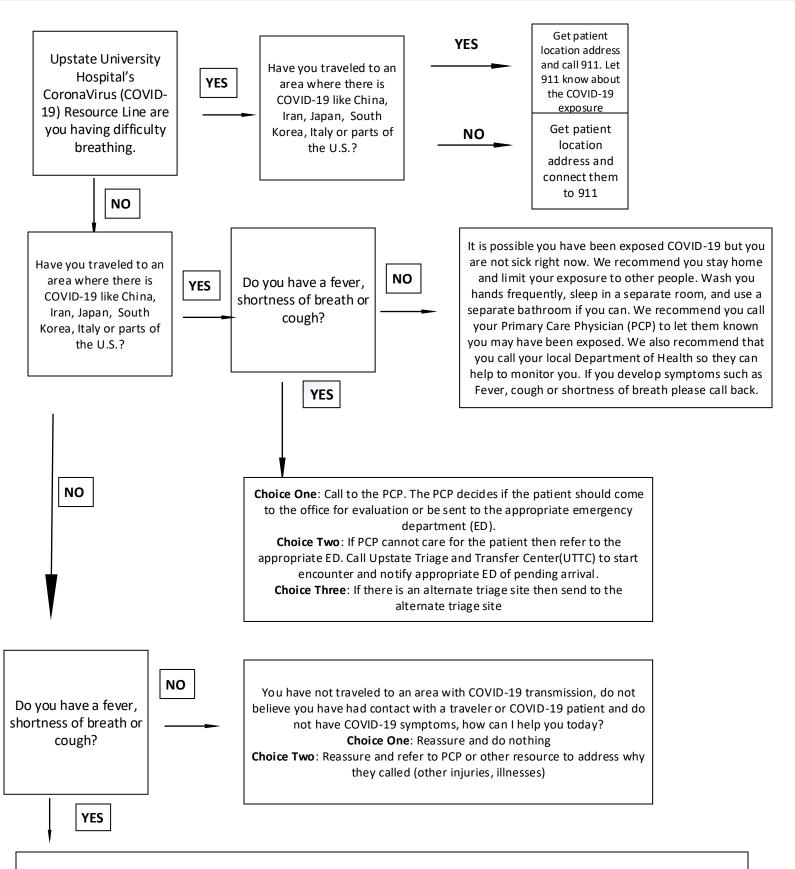
# **Staff + Waiting Room Log**

Patient Sticker	

Date:	
Dept/Room:	

Date/Time	Name	ID#	Job Title
Entered			

Fax to IP <u>315-464-4182</u>



Choice One: Refer to PCP. PCP triages over the phone and determines the patient does not need face to face interaction, they can have follow up by phone and manage symptoms.

Choice Two: PCP is willing to see patient, use best available PPE, try to meet patient in parking lot and place surgical mask on patient, evaluate and determine if they need to go to an ED.

Choice Three: PCP believes patient needs to be seen in another location, the patient is referred to the local ED, the PCP will call UTTC to advise of the impending arrival to the appropriate UH ED. UTTC notifies the appropriate ED to advise of the impending arrival to the ED

Choice Four: If there is an alternate triage site available (widespread transmission is occurring), it would be preferable to send to alternate triage site versus PCP or ED