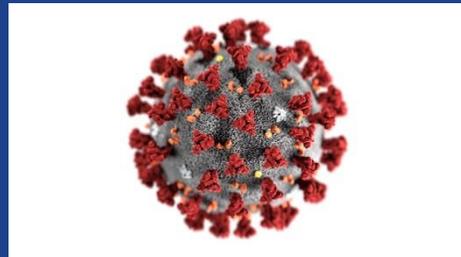


COVID-19 Response Infection Prevention & Control



What went well

- **Preparedness for patient placement & surge**
 - Surveyed and tested all AIRs with the support of IC/Special Pathogens Program (SPP)
 - Engaged facilities team to expand negative pressure capacity throughout hospital
- **Co-locate Covid + patients (ICU, EW/ED)**
 - Only partially able to do this on Med-Surg units
- **Daily AM huddles enhanced communication with updated information**
- **Infectious Disease faculty support**
 - 24/7 availability, triage, patient placement, testing decisions, PPE
- **Mask Distribution Center**
 - N95 & CAPR distribution
- **Repurposing of staff towards essential functions**
 - Proning team
 - Anesthesia team

Challenges

- **Guidance**
 - Delayed guidance; mixed messages around PPE
 - Differences in system level vs. facility level guidance
(Double gloving; alcohol gloves; must cover back; hot/cold zones)
- **PPE**
 - Perceived double standard, so staff lost trust in leadership
- **Lack of PPE: N95s; Gowns; CAPRs**
 - Insufficient transparency about PPE supply; inadequate information to determine burn rates
 - Fit testing needed for different N95s – had to bring in outside vendor to assist
- **PPE refreshers**
 - IC team overwhelmed with PPE training requests; delayed in getting additional staffing support to help field requests and JITT
 - Continuous training: droplet vs airborne

Expanding Negative Pressure Capacity

- Pre-COVID ~77 rooms, COVID ~150 rooms
- 56 ICU rooms were converted to AIIRs
- Seven of 18 OR rooms were converted to negative pressure (never used)
- Several other units were also converted to negative pressure (Endoscopy suite, Old Amb-Surg unit)





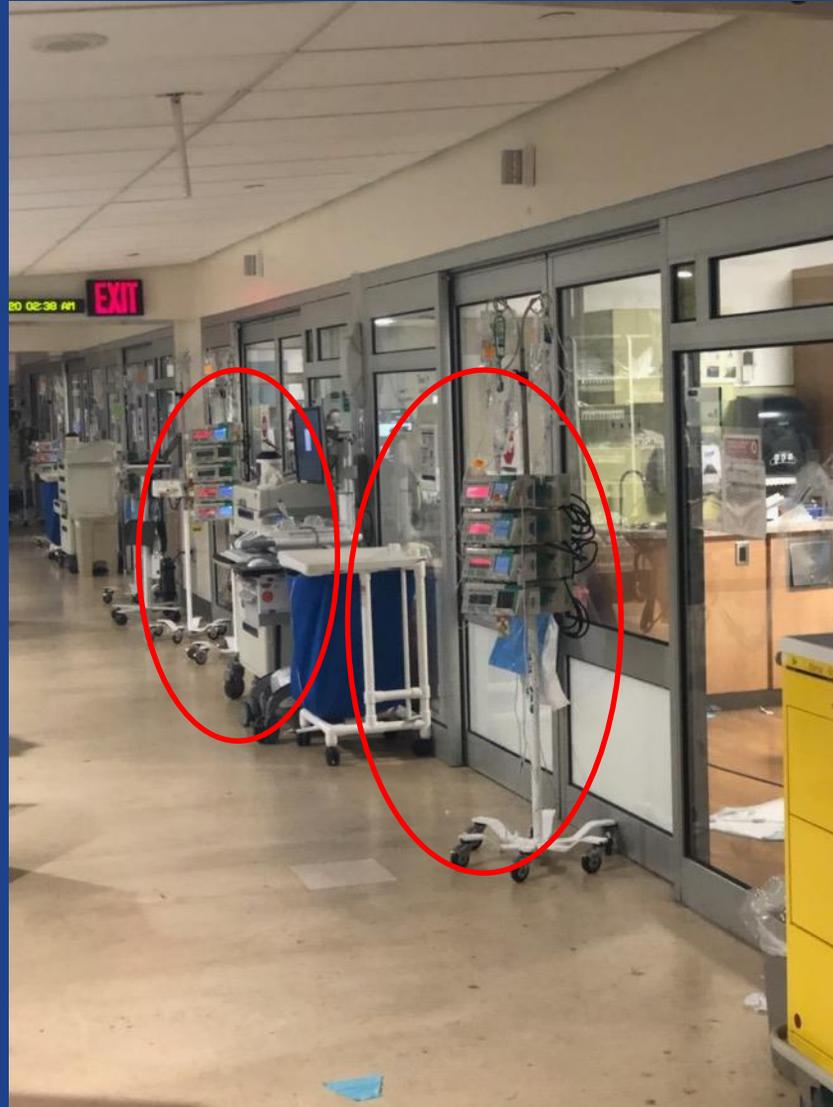


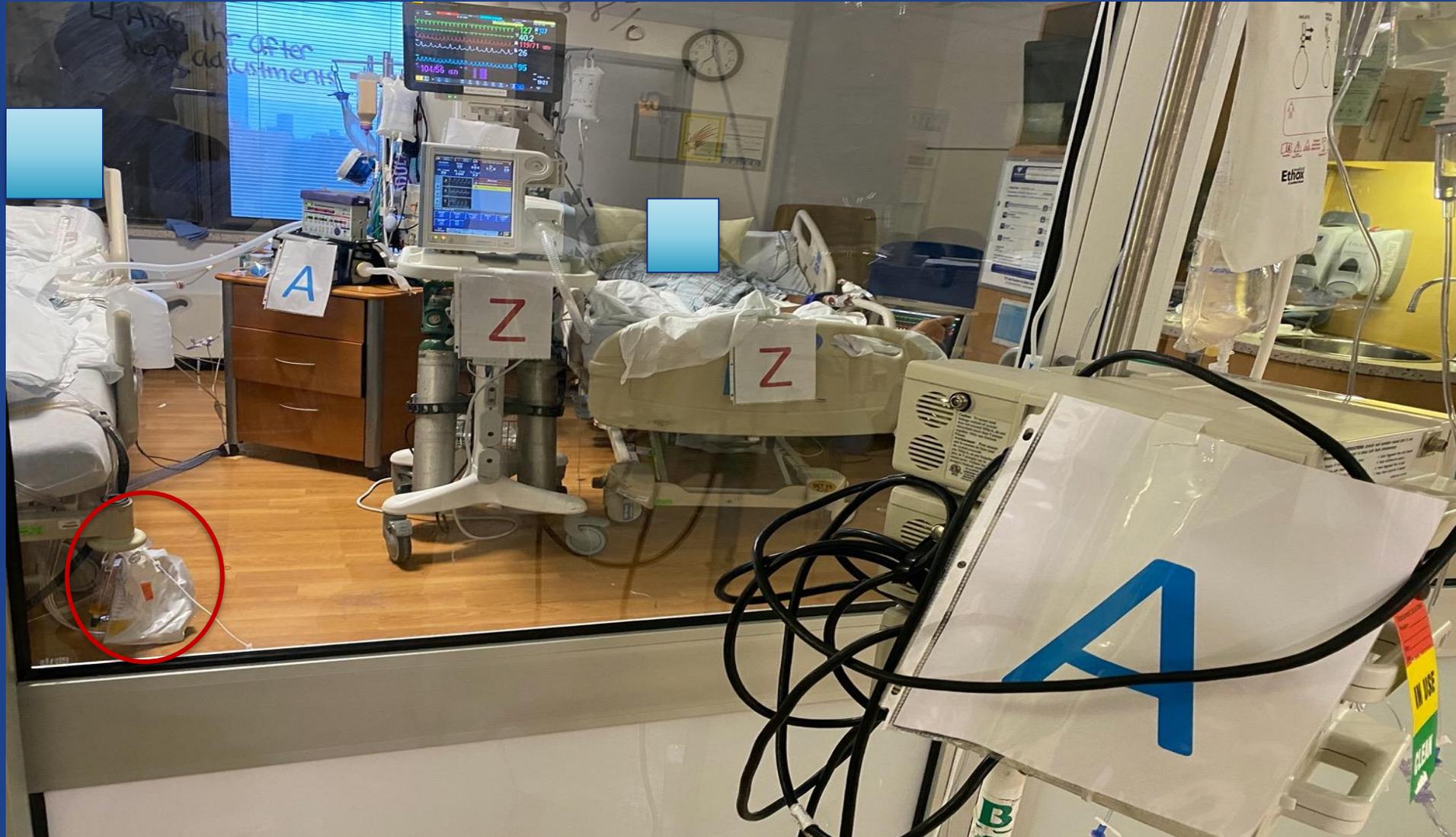


HAI Surveillance

- 49 CLABSIs during the height of the pandemic
- BSI infections: *S. marcesens*, *K. pneumoniae*, *C. albicans*
- Increase in VRE
- Increase in Ventilator Associated Events
- Increase in CAUTI







Bellevue

PPE Challenges

- NYC Health and Hospitals PPE standard for caring for COVID-19 confirmed and rule-out patients:
 - Gown, eye protection, mask or respirator, and gloves
- What we saw on and off the units:
 - Protective Coveralls (Bunny suits), shoe covers, and bouffant caps
 - Employees with facial hair using N95s
- Traveling medical personnel brought their own PPE



Respirators (extended use and reuse)

- If wearing a N95 respirator and a full face shield the N95 respirator may be worn repeatedly from patient to patient as long as it is not contaminated, wet, or damaged
- If wearing a N95 without a full face shield, place a surgical mask on top to extend the use
- If able, use the same N95 for the entire shift unless it is damaged, wet or contaminated with patient blood and/or body fluids
- Between uses, store the N95 respirator in a paper bag; employees should label the bag with their name. Perform hand hygiene immediately after placing in bag



Breakroom etiquette (what employees should do)

- Perform hand hygiene before entering
- Do not wear or bring any PPE into the break area except for your facemask
- Maintain physical distance of 6 ft or greater at all times
- Keep the area tidy and uncluttered- this will facilitate easy cleaning and disinfection of commonly touched surfaces
- Clean and disinfect your area before you leave- keep it clean and safe for the next person entering the break area
- Perform hand hygiene before leaving the break area



Breakroom etiquette (what the facility is doing)

- Increased the number of available breakrooms (transformed our massive conference into a break room area)
- Installation of free standing or wall mounted hand sanitizer stations where possible
- Email blasts about break room etiquette
- Prohibit all PPE (except masks) in the breakroom



Ongoing Challenges

- Inconsistent use of eye protection
- Inconsistent/Improper use of masks
- Employee exposures due to lack of “break room etiquette” and mask fatigue especially in clinical work rooms
- Contact tracing
- Frequent changes to disinfectant products due to the interruption of the global supply chain
- Unpredictability in N95 supply



Thank you!

