Montefiore COVID19 Update

Theresa Madaline, MD
Healthcare Epidemiologist
v. 5/12/20
Progress Towards “Re-opening” in NY

### Regional COVID-19 Metrics: Where Regions Currently Stand

**Report as of May 10, 2020**

<table>
<thead>
<tr>
<th>Regions</th>
<th>Metrics Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Region</td>
<td>5/7</td>
</tr>
<tr>
<td>Central New York</td>
<td>6/7</td>
</tr>
<tr>
<td>Finger Lakes</td>
<td>7/7</td>
</tr>
<tr>
<td>Long Island</td>
<td>5/7</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>5/7</td>
</tr>
<tr>
<td>Mohawk Valley</td>
<td>7/7</td>
</tr>
<tr>
<td>New York City</td>
<td>4/7</td>
</tr>
<tr>
<td>North Country</td>
<td>6/7</td>
</tr>
<tr>
<td>Southern Tier</td>
<td>7/7</td>
</tr>
<tr>
<td>Western New York</td>
<td>5/7</td>
</tr>
</tbody>
</table>

#### Metrics Met

<table>
<thead>
<tr>
<th>Metrics Met</th>
<th>14-Day Decline in Hospitalizations OR Under 15 new Hospitalizations (3-day avg)</th>
<th>14-Day Decline in Hospital Deaths OR Fewer than 5 deaths (3-day avg)</th>
<th>New Hospitalizations (Under 2 per 100K residents - 3 day rolling avg)</th>
<th>Share of total beds available (threshold of 30%)</th>
<th>Share of ICU beds available (threshold of 30%)</th>
<th>30 per 1k residents tested monthly (7-day avg of new tests per day)</th>
<th>Contact tracers 30 per 100K residents or based on infection rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Region</td>
<td>No ❌</td>
<td>No ❌</td>
<td>0.68</td>
<td>42%</td>
<td>50%</td>
<td>1,123 / 1,085</td>
<td>Expected ★☆</td>
</tr>
<tr>
<td>Central New York</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>1.16</td>
<td>45%</td>
<td>59%</td>
<td>647 / 775</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Finger Lakes</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>0.94</td>
<td>46%</td>
<td>55%</td>
<td>1,458 / 1,203</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Long Island</td>
<td>Yes ★</td>
<td>No ❌</td>
<td>2.85</td>
<td>33%</td>
<td>33%</td>
<td>4,317 / 2,839</td>
<td>Expected ★☆</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>Yes ★</td>
<td>No ❌</td>
<td>2.79</td>
<td>32%</td>
<td>46%</td>
<td>3,993 / 2,322</td>
<td>Expected ★☆</td>
</tr>
<tr>
<td>Mohawk Valley</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>0.82</td>
<td>55%</td>
<td>65%</td>
<td>502 / 485</td>
<td>Yes ★</td>
</tr>
<tr>
<td>New York City</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>3.46</td>
<td>29%</td>
<td>24%</td>
<td>13,464 / 8,399</td>
<td>Expected ★☆</td>
</tr>
<tr>
<td>North Country</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>0.00</td>
<td>54%</td>
<td>60%</td>
<td>400 / 419</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Southern Tier</td>
<td>Yes ★</td>
<td>Yes ★</td>
<td>0.11</td>
<td>50%</td>
<td>45%</td>
<td>858 / 633</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Western New York</td>
<td>No ❌</td>
<td>No ❌</td>
<td>1.45</td>
<td>45%</td>
<td>53%</td>
<td>1,430 / 1,381</td>
<td>Expected ★☆</td>
</tr>
</tbody>
</table>
Montefiore Situation Summary

• We have had a month of declining COVID+ census
• We are re-opening services in a stepwise fashion
• Of the 500 tests performed on 5/11/20, 18% were positive
• 5,282 COVID+ patients discharged home across MHS
DOH, CDC, and FDA Updates

• Nursing home staff will now be tested twice weekly for COVID-19
• Hospitals cannot send patients back to nursing homes unless the patient first has a negative test for COVID-19
• Be alert for children with Pediatric Multi-system Inflammatory Syndrome due to COVID-19
  – Persistent fever, inflammation (e.g. neutrophilia, elevated C-reactive protein and lymphopenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, GI or neuro disorder). This may include children meeting full or partial criteria for Kawasaki disease
  – Perform a diagnostic and serological test to detect the presence of SARS-COV2 and refer to inpatient setting, CCM consult
  – Immediately report cases of PMIS potentially associated with COVID-19 via HERDS
• Remdesivir emergency use authorization supply was distributed
  – We will share across MHS
• Antigen testing platform was approved BUT
  – Limited sensitivity
  – Requires trained staff
  – Requires a specific tabletop machine
COVID-19 Infection Control Updates

• **COVID-19 testing and flag MANDATORY for all patients being admitted**
  – EVERY PATIENT must have a COVID test on admission
  – Cohorting permitted based on results
  – If PCR negative (or pending), but suspect COVID disease=COVID-like Illness (CLI)
  – If PCR positive= COVID-Positive
  – If PCR negative and no suspected COVID disease=COVID-Negative

• **Keep masking patients!**

• **Universal Masking: it’s not going away!**
  – Montefiore has implemented masking for all associates. This means that for your safety and the safety of all associates, you should wear a surgical mask while working unless you are alone in a room with the door closed.

• **Universal Droplet** (even for COVID negative-always wear a mask!)
COVID-19 Infection Control Updates

• **Discontinuation of Isolation in COVID-19 Patients:**
  – Home: 7 days since symptom onset, 72h of no fever, symptoms improving
  – Inpatient
    • If admission is prolonged, can consider serial re-testing (2 PCR at least 24h apart) in consultation with ID and IPC to de-escalate isolation
    • If required for discharge to a nursing facility, ok to re-test to establish a negative PCR
    • If the patient is being admitted/re-admitted ≥6 weeks from diagnosis, only 1 PCR is required rather than 2
    • Do not release existing isolation without approval from IPC

• **Isolation rooms:**
  – Please keep the doors closed, particularly if an AGP is occurring IF SAFE TO DO SO

• **PPE Use:**
  – Please respect green and common areas-PPE should not be worn in these areas
  – No extended use of gowns for COVID+ patients if on isolation for OTHER REASONS
    • We are identifying outbreaks of resistant organisms
  – No extended use of gowns for non-COVID patients
  – Remember to remove gloves and wash hands between patients and between rooms
  – If you have to share equipment, must be sanitized between patients
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>No known history of COVID-19</td>
<td>No</td>
<td>n/a</td>
<td>1 PCR</td>
<td>PCR- COVID-neg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCR+ COVID+</td>
</tr>
<tr>
<td>No known history of COVID-19</td>
<td>Yes-current</td>
<td>n/a</td>
<td>1 PCR</td>
<td>PCR- CLI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCR+ COVID+</td>
</tr>
<tr>
<td>COVID-like Illness but negative testing</td>
<td>At least 10 days since symptom onset, afebrile 72h, symptoms improving</td>
<td>n/a</td>
<td>1 PCR</td>
<td>PCR- COVID-neg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCR+ COVID+</td>
</tr>
<tr>
<td>+COVID-19</td>
<td>At least 10 days since symptom onset, afebrile 72h, symptoms improving</td>
<td>&lt;6 weeks</td>
<td>2 PCR 24h apart</td>
<td>PCR- x 2 COVID-neg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCR+ COVID+</td>
</tr>
<tr>
<td>+COVID-19</td>
<td>Afebrile 72h, symptoms improving</td>
<td>≥6 weeks</td>
<td>1 PCR</td>
<td>PCR- COVID-neg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>PCR+ COVID+</td>
</tr>
</tbody>
</table>
Hospital Acquired Infections

• We have made great strides in HAI prevention in the last several years
  – Shout out to Moses for **ZERO CAUTI** in February!!!
  – We never had a chance to celebrate!
• We have observed a spike in CLABSI, MDRO during our COVID-19 surge
• Multiple contributing factors identified
  – Steroid, biologic, antibiotic use
  – Tubing extensions/changes
  – Line utilization: femoral lines, HD lines, etc.
  – Newer team members and staffing models
  – Changes in supply chain, PPE and care locations
• As we continue on the road to recovery, what we can we learn from observations during the surge to strengthen our processes for the future?
• Begin HAI reduction team initiatives again (virtually) in the coming days
  – Start with debrief
  – Coordination with nursing leaders for an integrated effort
Updated Clinical Pathways
COVID-19 PUI Definition

• Fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath with clinical suspicion based on clinical data and patient presentation

• Known COVID-19 PCR+ in the last 4 weeks (unless at least 7 days from symptom onset, 72h without fever, symptoms resolved, and the patient has 2 serial negative PCR 24h apart)

• Known exposure AND fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath OR other clinical suspicion

• Travel to a high-risk area AND fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath or other clinical suspicion
COVID-19 Screening Questions

1. Have you been diagnosed with COVID-19 or had a positive test for COVID-19 in the last 4 weeks?

2. Have you been in contact with someone who has known or suspected COVID-19 in the last 14 days?

3. Have you had fever, chills, shaking, cough, sore throat, diarrhea, muscle aches, persistent headache, loss of taste or smell, chest tightness, or shortness of breath in the last 14 days, or been in contact with someone with one of these symptoms?

4. Have you traveled in the last 14 days? (procedures)
**MHS Adult ED/Inpatient COVID-19 Screening Algorithm**

**Known COVID19 Positive Test/Diagnosis in last 4 weeks?**

- **YES**
  - **STOP COVID HIGH Risk**
    - Mask patient, Issue Orange tag Isolate, Inform
    - Provider evaluates the patient in recommended PPE
    - **STOP COVID-19:** Intermediate Risk: Mask patient, Isolate
    - Stable for discharge home?
      - **YES**
        - If no prior test, and suspicious for COVID, discharge with home isolation instructions with/without testing and monitoring as needed
      - **NO**
        - Initiate COVID-19 testing if not done previously

- **NO**
  - **STOP COVID-19:** Known Exposure or Travel to High Risk Area for COVID19?
    - **YES**
    - Cohort with another positive patient when possible, COVID-POSITIVE Isolation maintained until cleared by hospital epidemiology or ID, notify DOH if cluster or congregate setting
    - **NEGATIVE**
    - Consult ID for possible additional testing and maintain COVID-like Illness (CLI) isolation

**Known COVID19 Positive Test/Diagnosis in last 4 weeks?**

- **YES**
  - **STOP COVID HIGH Risk**
    - Mask patient, Issue Orange tag Isolate, Inform
  - **NO**
    - **STOP COVID-19:** Known Exposure or Travel to High Risk Area for COVID19?
      - **YES**
      - Cohort with another positive patient when possible, COVID-POSITIVE Isolation maintained until cleared by hospital epidemiology or ID, notify DOH if cluster or congregate setting
      - **NEGATIVE**
      - Consult ID for possible additional testing and maintain COVID-like Illness (CLI) isolation

**Isolation and Personal Protective Equipment (PPE) for Orange Pathway:**
- Droplet/Contact/Standard with Eye Protection recommended, and placement in private room with door closed if safe to do so (or cohort 2 confirmed cases together). If aerosol-generating procedure required or anticipated, Airborne/Contact/Standard with Eye protection recommended in negative pressure room.
- Contact/droplet/standard PPE=Surgical mask with fluid shield, Contact isolation gown, gloves
- Airborne/droplet/standard PPE=N95 mask, face shield, Contact isolation gown, gloves
- Aerosol generating procedures=Sputum induction, Open suctioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation, ongoing ventilation with a device that does not have a closed circuit such as LTV.
MHS Pediatric ED/Inpatient COVID-19 Screening Algorithm

**Known COVID-19 Positive Test?**

- **YES**
  - **STOP COVID-19 High Risk**
    - Isolate, Inform
      - Single room when possible or cohort with another positive patient
      - Isolation maintained until cleared by hospital epidemiology or ID
      - Notify DOH if cluster or congregate setting
  - **NO**

- **NO**
  - **Signs and Symptoms**
    - Cough or shortness of breath (mask patient if possible)
    - OR
    - Subjective or measured fever ≥38.0°C (100.4°F) and/or sore throat, and/or GI symptoms

**Known Exposure to COVID-19 or travel within the last 14 days?**

- **YES**
  - **STOP COVID-19 Intermediate Risk**
    - Admit to cohort unit, send COVID test to in-house lab, alert Peds ID/Infection Control
    - Stable for discharge home?
      - **YES**
        - If no prior test, discharge with home isolation instructions without testing
      - **NO**
        - Positive COVID test or clinical syndrome suggestive of COVID?
          - **YES**
            - Admit to cohort unit, send COVID test to in-house lab, alert Peds ID/Infection Control
          - **NO**
            - Droplet and Standard Precautions
              - Single room when possible or cohort with another positive patient
              - Isolation maintained until cleared by hospital epidemiology or ID
              - Notify DOH if cluster or congregate setting
              - Contact/droplet/standard PPE=Surgical mask with fluid shield, Contact isolation gown, gloves
              - Airborne/droplet/standard PPE=N95 mask, face shield, Contact Isolation gown, gloves
              - **Aerosol generating procedures**=Sputum induction, Open suctioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation

- **NO**

**Isolation and Personal Protective Equipment (PPE) for Orange Pathway:**

- Droplet/Contact/Standard with Eye Protection recommended, and placement in private room with door closed if safe to do so. IF aerosol-generating procedure required or anticipated, Airborne/Contact/Standard with Eye protection recommended in negative pressure room if available
- Contact/droplet/standard PPE=Surgical mask with fluid shield, Contact isolation gown, gloves
- Airborne/droplet/standard PPE=N95 mask, face shield, Contact Isolation gown, gloves
- **Aerosol generating procedures**=Sputum induction, Open suctioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation

**30Apr20**
MHS Procedure COVID-19 Screening Algorithm

**Known COVID19 Positive Test/Diagnosis in last 4 weeks?**

- **YES**
  - **COVID HIGH Risk**
  - Can the procedure safely be delayed by 2 weeks?
    - **YES**
      - **NO**
  - **NO**
    - **YES**
      - **NO**
    - **YES**

**Signs and Symptoms**
- Subjective or measured fever ≥38.0°C (100.4°F)
- OR
- Chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath

**Known COVID Exposure or Travel to High Risk Area for COVID19?**

- **YES**
  - **NO**
- **NO**
  - **YES**

**Initiate COVID-19 testing 24-48h prior to procedure (if non-emergent)**

**Strong Clinical Suspicion for COVID19?**

- **YES**
  - **NO**
  - **YES**
  - **NO**

**COVID Low Risk**
- COVID-NEGATIVE infection flag, universal droplet /standard precautions, procedure done in COVID negative designated area and pre/post-procedure care done in COVID free unit/area, only cohort with other negative patients only

**COVID Intermediate Risk**
- COVID testing 24-48h prior to procedure (if non-emergent)

**Can the procedure safely be delayed by 2 weeks?**

- **YES**
- **NO**

*During all invasive procedures N95, eye protection, gown, gloves should be worn regardless of COVID status

For pre- and post-operative isolation, universal droplet is in place for all patients. Patients and all associates should be wearing surgical masks (or N95 if needed for healthcare workers) and standard precautions should be taken including strict handwashing and glove use.

For COVID+, COVID high- or intermediate-risk patients before and after a procedure:

- No aerosol-generating procedure ongoing: Droplet/Contact/Standard with Eye Protection=Surgical mask or N95 mask with face shield/goggles, isolation gown, gloves. Placement in private room with door closed if safe to do so. It is permitted to cohort positive patients together, and COVID-like-illness/suspect patients together if single room if necessary
- Aerosol-generating procedure required: Airborne/Contact/Standard with Eye protection=N95 mask, face shield, Isolation gown, gloves. Placement in a negative pressure room or area
- Aerosol generating procedures=Sputum induction, Open succioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Exubation, ongoing ventilation with a device that does not have a closed circuit such as LTV
COVID Protocol for Procedures

• SARS-CoV-2 PCR required 24-48h prior to elective procedures (on admission for emergent procedures)
• SARS-CoV-2 Antibody as part of pre-operative labs
• COVID+ and COVID- cases will be done in different areas (preferred), or if not possible, COVID+ at the end of the day
• Patients should be counseled to maintain strict social distancing and not to travel for 14 days prior to procedure
• Patients should wear a mask when outside their home
• Any exposure or symptoms or COVID+ test in the 14 days prior to the scheduled procedure must be disclosed
• Symptom screening will be done upon scheduling of the procedure, on pre-procedure reminder calls, and on the day of the procedure
• Positive screen or COVID+ should be deferred for at least 14 days unless unsafe to do so
Ambulatory MHS COVID-19 Algorithm

**Patient Arrives at Registration**
- Workup at provider discretion, patient should self-quarantine at home until 7 days after symptom onset, afebrile x72h, and resp sx improving, give home care handout **and directions to call provider for worsening symptoms**

**Reg performs screening for any:**
- COVID+ diagnosis last 4 weeks
- Symptoms of COVID in the last 14 days: Fever, Chills, Rigors, Cough, Sore Throat, Shortness of breath, Headache Myalgia/Fatigue, Anosmia, Ageusia, Unexplained diarrhea, Sick contact or Exposure in the last 14 days

1. **Mask patient and visitor, Continue with check-in**
   - **Negative**
     - **Visit proceeds**
   - **Positive**
     - **Mask patient and visitor, escort in gloves/mask**

2. **Transfer to designated room & close door**

3. **Provider dons PPE, evaluates the patient***

**Notify the ED and EMS if patient requires transfer to a hospital**

4. **Is patient stable for home isolation?**
   - **YES**
     - **Does patient have COVID symptoms or other concern for COVID?**
       - **NO**
         - **Notify the ED and EMS if patient requires transfer to a hospital**
       - **YES**
         - **Workup at provider discretion, patient should self-quarantine at home until 7 days after symptom onset, afebrile x72h, and resp sx improving, give home care handout **and directions to call provider for worsening symptoms**

5. **Transfer to designated room & close door**

6. **Provider dons PPE, evaluates the patient***

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*Ambulatory PPE for possible COVID is surgical mask, eye protection, gown, gloves unless AGP required (N95 instead of surgical mask)

**Consider if patient lives in congregate setting/shelter when determining appropriateness for home care.

INPATIENT ISOLATION, PLACEMENT, AND PPE

Patient admitted with COVID or COVID-Like Illness

No aerosol generating procedure needed
Contact + Droplet
Private room with door closed if safe to do so

Intermittent aerosol generating procedure needed
Contact + Droplet
N95 mask and face shield during aerosol generating procedures*

Frequent or continuous aerosol generating procedure needed
Airborne + Contact
Patient in negative pressure isolation room

Door Sign:
STOP: CHECK IF AEROSOL GENERATING PROCEDURE* IS IN PROGRESS OR IN THE PAST TWO HOURS. IF YES=N95

* Aerosol Generating procedures (please also refer to COVID-19 Respiratory Guideline):
  • Sputum induction
  • Open suctioning of airways
  • BiPAP, CPAP (should be limited to only OSA or HFNC unavailable)
  • HFNC
  • Nebulizer Tx (avoid if possible, substitute MDI)
  • Bag-Mask ventilation
  • Bronchoscopy
  • Endoscopy
  • Active Intubation/Extubation
  • Ongoing ventilation with a device that does not have a closed circuit such as LTV

Contact + Droplet PPE: Surgical mask or N95 with eye shield, gown and gloves
Airborne + Contact PPE: N95, face shield, gown and gloves
OUTPATIENT ISOLATION, PLACEMENT, AND PPE

**Ambulatory Encounter**

- **Low Risk Patient for COVID**
  - Droplet + Standard
    - Surgical mask, eye protection and Gloves
    - If an in-office procedure with potential splashing will occur, add gown

- **COVID Positive or Suspected COVID**
  - Droplet + Contact + Standard
    - Surgical mask or N95 with eye shield, gown and gloves
    - Separate from others in waiting area immediately
    - Designated private exam room

- **Aerosol generating procedure needed**
  - Airborne + Contact + Standard
    - N95, face shield, gown and gloves
    - Patient in negative pressure isolation room or designated private room
    - Minimize HCW in the room
    - Rest the room after patient leaves for 2 hours

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**Door Sign:**

STOP: CHECK IF AEROSOL GENERATING PROCEDURE* IS IN PROGRESS OR IN THE PAST TWO HOURS. IF YES=N95

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**Contact + Droplet PPE:** Surgical mask or N95 with eye shield, gown and gloves

**Airborne + Contact PPE:** N95, face shield, gown and gloves

---

*Aerosol Generating procedures (please also refer to COVID-19 Respiratory Guideline):
- Sputum induction
- Open suctioning of airways
- BiPAP, CPAP (should be limited to only OSA or HFNC unavailable)
- HFNC
- Nebulizer Tx (avoid if possible, substitute MDI)
- Bag-Mask ventilation
- Bronchoscopy
- Endoscopy
- Colonoscopy
- Active Intubation/Extubation
- Ongoing ventilation with a device that does not have a closed circuit such as LTV

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**Note:**

- Rev. 30 Apr 20

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**Source:**

Montefiore
Albert Einstein College of Medicine
# PPE for Ambulatory Practices

<table>
<thead>
<tr>
<th>Role</th>
<th>Surgical Mask</th>
<th>N95 Mask</th>
<th>Eye Protection</th>
<th>Gloves</th>
<th>Gown†</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE STAFF: PSR, Front Desk and Scheduling Coordinators, Navigators, Social Worker, Care Management, Practice Management, etc.</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>CLINICAL STAFF: Nursing Assistant, RN, LPN, NP, PA, Physician, Dentist, Dental Hygienist, Phlebotomist, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Provides face to face clinical care to patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-negative/low risk</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COVID+ or Suspected</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Inside a room during an aerosol generating procedure*</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

†Gowns should be worn if significant splashing or when in contact with bodily fluids/wounds

*Aerosol-generating procedures = nebulizer treatments/substances, sputum induction, open suctioning of airways, dental procedures, endoscopic procedures (other than those limited to the nasopharynx) including GI
COVID Diagnostic Testing

• **How is it done?**
  – Nasopharyngeal and oropharyngeal swab for PCR
  – Order in Epic

• **Availability**
  – Continue to do testing in-house
  – Commercial laboratories are also able to test if we exceed capacity
  – **Additional outpatient testing sites will be rolled out soon**

• **When to test?**
  – Symptoms or other suspicion of disease
  – Admission
  – Pre-admission for elective admissions or procedures
  – Associates
  – Part of infection prevention response
COVID Antibody Testing

• Working with DOH at some MHS sites
• MNR/MMV will perform tests and send to MMC
• MMC Testing is live
  – Associate testing is by appointment ONLY at designated phlebotomy sites
    • If you had symptoms, must be at least 21 days from symptom onset to prevent false negative results
  – Patient testing
    • Approval no longer needed
    • Potentially helpful for patients with COVID-like symptoms, but negative COVID PCR
    • Testing too early can result in false negative results
• Interpret with caution
  – False positives and false negatives occur
  – We don’t yet know what results mean or if IgG+ means protection
  – No decisions about isolation, PPE use, or fitness for work can be made using serology at this time
# Comparing COVID-19 Testing Methods

Montefiore now offers two different tests for COVID-19. Unfortunately, there is no perfect test that can say with absolute certainty who has been infected with the virus that causes COVID-19 (SARS-CoV-2) or who might be immune to the virus in the future. We now have two ways of assessing the possibility of infection. One way is to look for the presence of the virus itself in your nasopharynx (the upper part of the throat behind your nose). The other is to look for the presence of antibodies to the virus in your blood. We now have each type of test at Montefiore. This grid may help you compare the two tests.

## Testing for the Virus (PCR Test)

### How is the sample taken?

- **PCR**: Swab is placed deep in the nose and sometimes in the mouth.

### Will it help me know if I have the virus now?

- **PCR**: Yes (but some people test negative and still have the infection).

### Will it help me know if I’m immune/protected from infections in the future?

- **PCR**: No

## Testing for Antibodies

### How is the sample taken?

- **Antibody Test**: Blood test.

### Will it help me know if I have the virus now?

- **Antibody Test**: No

### Will it help me know if I’m immune/protected from infections in the future?

- **Antibody Test**: We don’t know yet. Doctors don’t have enough information to know if having antibodies means you are protected from infection. In some infections the presence of antibodies means you are protected but in other infections it does not. Researchers will be studying this important question for COVID-19.
What does this test for?

Looks for parts of the virus itself

PCR

Looks to see if your body made antibodies to the virus. Having antibodies suggests that you had infection with the virus. But, the test may also detect antibodies to viruses in the same family as COVID19. Having antibodies doesn’t 100% confirm that you were infected with COVID19.

Antibody Test

If I currently have symptoms of COVID19 will this test help me know if I’m infected?

Yes (but some people can test negative and still have the infection)

PCR

Your body takes time to make antibodies, so this test could miss a new or very recent infection. If the test is positive it suggests you probably have had the infection.

Antibody Test

If I test negative, does it mean that I never had COVID19?

No (there are some people with COVID19 who test negative)

PCR

No (Some people who have been infected may not develop antibodies to COVID19 or may take more time to do so. We are still learning how often that happens and what that means.)

Antibody Test

If I never had symptoms of COVID19 but want to be tested, which one would help?

This test could help find out if you are one of the people who doesn’t develop symptoms but could be infected now (“Asymptomatic ”)

PCR

This test could help you find out if you were one of the people who didn’t develop symptoms but were infected in the past.

Antibody Test
Provider Antibody Guide

Montefiore Providers Guide to COVID-19 Test Results

Montefiore is offering SARS-CoV2 antibody testing to the Montefiore associates and patients. Information below is provided to answer frequently asked questions and assist with interpretation of these test results.

How is COVID-19 diagnosed? The Coronavirus COVID-19 disease is caused by the SARS-CoV2 virus. Presence of virus is detected by PCR of the nasopharyngeal swab. Nasopharyngeal swabs are positive early in the disease, and can be negative as virus is cleared. False negative swab PCR results can occur in situation of viral clearance, or in cases where deep nasopharyngeal swabbing was not performed at a time of already declining viral load.

What is antibody testing for SARS-CoV2 virus? Antibody testing in COVID-19 is performed on blood specimens (serum). Serologic test used at Montefiore assays for the presence of IgG antibody to the SARS-CoV2 virus. We are using commercially available Architect test by Abbott. It is a qualitative test designed to detect presence or absence of antibodies to SARS-CoV2.

Which antibodies are detected by the serologic test? Only IgG antibody is detected by our currently available test. We do not test for the presence of IgM, IgA, or IgG.

When is the best time to get COVID-19 blood test for serology (antibody test)? In general, IgG peaks at about 20 days post initial infection. Antibodies (IgG) to SARS-CoV2 can be detected as early as 7 days in some patients, but optimally testing should be performed at least 14 days from onset of symptoms. Presence of antibodies to SARS-CoV2 does not distinguish past infection from recent or current infection. Testing should not be performed within first 7-10 days after onset of symptoms.

How long will SARS-CoV2 IgG be detectable in serum? At this time lifespan of these antibodies is not known. They may remain for a long time, may disappear, or may be replaced by a different set of antibodies. This is an area of active research.

What is the function of SARS-CoV2 antibodies? At this time we do not know exact purpose of the SARS-CoV2 antibodies generated. We do not perform functional assay to investigate what these antibodies are doing. We do not know whether these are neutralizing antibodies or what, if any, function they serve.

How are test results reported? Results are reported in EPIC as POSITIVE or NEGATIVE. This is a qualitative test only, we do not test for titers or antibody levels (amount of antibody present).

What does it mean if my test result is positive for antibodies to SARS-CoV2? Presence of antibodies to SARS-CoV2 means prior exposures to the SARS-CoV2 virus. There may have been symptomatic COVID-19, or may have been asymptomatic exposure. At this time, we do not know the implication or role of antibodies detected in the serum. Specifically,

- We do not know whether presence of IgG antibodies to SARS-CoV2 is protective from future infections or provides long term immunity.
- We do not know whether presence of IgG antibodies to SARS-CoV2 in any way affects duration of symptoms or recovery.
- We do not know the function of IgG to SARS-CoV2

What does it mean if my test result is negative for antibodies to SARS-CoV2? Person infected with SARS-CoV2 virus may have negative serology test results if testing was done too early in the course of disease. Some people do not develop antibodies to SARS-CoV2 even after having laboratory confirmed COVID-19. Negative results do not rule out previous or current exposure or infection with SARS-CoV2 virus.
Associate Antibody Guide

Montefiore Associate Guide to SARS-CoV-2 IgG Antibody Testing (COVID-19 Antibody Test)

These are answers to frequently asked questions that can help you understand your test results.

What is SARS-CoV-2? This abbreviation stands for Severe Acute Respiratory Syndrome Coronavirus Type 2, which is the name of the virus that causes COVID-19.

What kind of antibody does this test look for? Your body makes antibodies when it is fighting an infection. This test is looking for a kind of antibody called IgG. IgG antibodies can take a few weeks to develop. In some infections, these antibodies can be present for a long time after the infection has been resolved, but there is not enough information to know how long antibodies made as a result of COVID-19 infection stay present in the body.

Which specific test is Montefiore Medical Center using for SARS-CoV-2 IgG antibody testing? The Montefiore blood test uses a chemiluminescent microparticle immunoassay (CMIA) to detect IgG antibodies to SARS-CoV-2 in human blood. It is a commercially available test made by Abbott.

What test results will be reported? The results for this test are reported as positive or negative.

What does a positive test mean? Having a positive antibody result suggests that you were exposed or infected with COVID-19 at some point. But these results can not be used to say if you have COVID-19 infection now and do not say for certain that you have been exposed or infected in the past. This is because the antibody test can also detect other viruses in the same family as the virus that causes COVID-19. At this time there is not enough scientific evidence about antibodies for SARS-CoV-2 to know whether or not you are immune to the virus that causes COVID-19. We recommend that all people (even those with positive antibodies) consider themselves susceptible to becoming infected with the virus in the future.

What does a negative result mean? Negative results do not rule out previous infection with COVID-19. It can take a few weeks to develop IgG antibodies after an infection. Some people do not make antibodies against the virus that causes COVID-19 and some people take longer than others to make them.

What does it mean if my antibody test is negative but I had a PCR/Nasal swab that was positive? Some people who have tested positive with the PCR/nasal swab test in the past may have a negative antibody test. This could be because their immune system did not make enough of the antibodies to be detected by the antibody test. It could also be because it is too early to detect antibodies since some people take longer than others to develop antibodies. We recommend that all people (even those with previous positive PCR/nasal swab tests) consider themselves susceptible to becoming infected with the virus in the future.

How does this test result change my ability to work? Montefiore’s guidance around healthcare workers aligns with the New York State Department of Health. IgG Antibody testing for SARS-CoV-2 is not used for clinical decision making and the results should not change the decisions around fitness to work.
Occupational Health

- Associates who develop symptoms such as fever (subjective or measured including chills), sore throat, cough, shortness of breath, diarrhea, chest pressure, muscle aches, severe fatigue, persistent headache, loss of taste/smell should contact OHS and not work
- Please call 718-920-5406 for OHS from 8am-10:30pm, 7 days per week
  - Notification of illness
    - No need to call before physically leaving work!
  - PCR and Antibody Testing appts
    - All associates can be tested upon request
    - Repeat antibody testing will be available after all associates have had the opportunity to get an initial test
    - Antibody test no more than every 14 days
    - PCR tests no more than every 7 days
  - Return to work (even if PMD cleared!)
- Antibody testing sites are different than PCR sites; phlebotomy is required
- DOH: Associates may return to work 7 days after symptom onset, 72 hours after resolution of fever, and improvement of symptoms, whichever is longest
  - Associates must wear a mask for 14 days after symptom onset upon return
  - Hospitalization: note from personal MD clearing to return to work
  - The spectrum of COVID-19 symptoms and duration varies; return to work time is often longer than 7 days and is determined by OHS to ensure associates are physically ready and healthy for work
- Updated OHS/Infectious Disease Collaborative Guidance on Intranet
Treatment and Trials

http://studies.montecovid.net
Remdesivir Access

Until production has expanded, there are a number of pathways to access the limited supply of remdesivir at the Montefiore Health System (MHS):

1. Montefiore Moses and Einstein campuses are study sites for the ACTT2 trial studying outcomes in patients who receive remdesivir alone, or remdesivir plus baricitinib, beginning May 11, 2020
2. The Moses and Einstein campuses have been granted limited access to remdesivir through Gilead’s Expanded Access Program (EAP)
3. For pregnant patients and pediatric patients (<18 years old), remdesivir can be requested through direct application to Gilead for its Individual Compassionate Use Program, on a case-by-case basis
4. MHS has been issued a limited supply of remdesivir under the EUA program

Montefiore Health System Guidelines for Therapeutic Remdesivir Access

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Therapeutic Triage Algorithm

NOTE: remdesivir by EUA is a non-preferred and last option for remdesivir access due to limited supply; all other options must be explored first
ACTT2 Trial: Inclusion Criteria

1. Admitted, symptomatic, and willing to consent
2. Male or non-pregnant female adults ≥ 18 years of age
3. Lab-confirmed SARS-CoV-2 by PCR or other commercial or public health assay:
   a) PCR+ or antigen+ in sample collected < 72 hours prior to randomization; OR
   b) PCR+ or antigen+ in sample ≥72 hours prior, documented inability to obtain repeat sample (e.g. lack of supplies, limited testing capacity, results > 24 hrs) AND progressive disease.
4. Illness of any duration, and at least one of the following:
   a) Radiographic infiltrates by imaging (chest x-ray, CT scan, etc.), OR
   b) SpO2 ≤ 94% on room air OR
   c) Requiring supplemental oxygen, OR
   d) Requiring mechanical ventilation or ECMO.
5. Women of childbearing potential agree to either abstinence or at least one primary form of contraception not including hormonal contraception through Day 29.
6. Agrees to not participate in another COVID-19 treatment trial through Day 29.
ACTT2 Trial: Exclusion Criteria

1. ALT or AST > 5 times the upper limit of normal.
2. eGFR < 30 ml/min (including patients receiving hemodialysis or hemofiltration).
3. Neutropenia (ANC <1000).
4. Lymphopenia (ALC <200).
5. Pregnancy or breast feeding.
6. Anticipated discharge or transfer within 72 hours.
7. Allergy to any study medication.
8. Cytotoxic or biologic treatments (e.g., anti-interleukin-1 [IL-1], anti-IL-6 [tocilizumab or sarilumab], or T-cell or B-cell targeted therapies (e.g., rituximab), tyrosine kinase inhibitors including baricitinib, or interferon within 4 weeks prior.
9. TNF inhibitors within 2 weeks prior.
10. Received convalescent plasma or IVIG for COVID-19.
11. Corticosteroids (>10 mg/day prednisone or equivalent) within 2 weeks of screening.
12. Use of probenecid that cannot be discontinued.
13. Current active tuberculosis (TB) or, if known, latent TB treated <4 weeks (history only, no screening required).
14. Suspected serious, active bacterial, fungal, viral, or other infection (besides COVID-19) that in the opinion of the investigator could constitute a risk with baricitinib.
15. Received any live vaccine (live attenuated) within 4 weeks before screening, or intend to receive a live vaccine (or live attenuated) during study.
16. History of VTE (DVT or PE) within 12 weeks prior or history of recurrent (>1) VTE (DVT/PE).
ACTT2 Enrollment

• Review criteria to ensure inclusions are met without exclusions.
• Discuss the trial with the patient and/or legal representative to determine interest in enrolling (and willingness to potentially transfer hospitals if not at a study site).

**Please note that neither transfer nor enrollment is guaranteed, and that only study staff can officially consent any patient for a study.**

• Contact the study team by email:
  – Moses: COVID-NIH-AdaptiveTreatmentTrial-StudyTeam-Moses@montefiore.org for Moses
  – Einstein: COVID-NIH-AdaptiveTreatmentTrial-StudyTeam-Weiler@montefiore.org

• Contact the study team by phone:
  – Principal Investigator (Dr. Barry Zingman; 718-920-2647)
  – Study coordinator (718-920-5224)

• If patient is confirmed to be a potential candidate and requires transfer, contact the Montefiore transfer office at 718-920-8000

• A member of the study team will assist in assessing eligibility at Moses or Weiler (after transfer, if applicable).
Remdesivir Access via Individual Compassionate Use Protocol

Patients eligible for remdesivir individual compassionate use meet the following criteria:

- Age <18 years old OR pregnant
- Confirmed SARS-CoV-2 by PCR or antigen
- Hospitalized with SaO2 < 94 % on room air or requiring supplemental O2
- Liver function tests (ALT) levels less than 5x the upper limit of normal

Patients are excluded from EAP remdesivir if they meet ANY of the following criteria:

- Requiring significant vasopressor or inotropic support
- Requiring veno-arterial (VA) ECMO
- Creatinine Clearance less than 30 mL/min or if the patient is on dialysis or Continuous Veno-Venous Hemofiltration
- Note any investigational agents for COVID-19 such as lopinavir/ritonavir, chloroquine would need to be stopped prior to the initiation of remdesivir

Instructions for accessing Remdesivir Individual Compassionate Use Protocol:

- Review criteria to ensure all criteria are met
- Obtain an Infectious Disease consult (required to ensure clinical appropriateness and duration)
- If ID approves, the consultant will contact an ID pharmacist to begin the process
- An ID Pharmacist will review and assist clinician in submitting the request
- If approved by Gilead and FDA, pharmacy will process the order for remdesivir in Epic/EHR
Remdesivir Access via Expanded Access Program (EAP)

Patients eligible for EAP remdesivir meet ALL of the following criteria:
• Hospitalized non-pregnant female or male >18 years old
• Lab-confirmed SARS-CoV-2 by PCR or antigen
• Requiring invasive mechanical ventilation (ETT or tracheostomy)
• ALT <5x ULN

Patients are excluded from EAP remdesivir if they meet ANY of the following criteria:
• Evidence of multiorgan failure including but not limited to coagulopathy (significant thrombocytopenia), hepatic failure (elevated bilirubin), renal failure (low urine output or eGFR < 30mL/min), or significant cardiomyopathy (low cardiac output)
• Use of more than 1 pressor for septic shock
• Renal failure (eGFR < 30mL/min or HD or CVVHD)
• Eligible for enrollment in a randomized clinical trial involving remdesivir for treatment of COVID-19 at the medical facility where the patient is admitted
• Known hypersensitivity to the study drug or its metabolites

Instructions for accessing Remdesivir EAP:
• Review criteria to ensure inclusion criteria are met, without exclusions
• Request ID consult (required to ensure clinical appropriateness and duration)
• If ID approves, the consultant will contact an ID pharmacist
• Pharmacy will review and process remdesivir order in Epic/EHR.
Remdesivir Access via Emergency Use Authorization (EUA)

Patients eligible for EUA remdesivir meet ALL of the following criteria:

- Adult >18 years old, currently hospitalized, with progressively symptomatic COVID-19 disease.
- Have a positive SARS-CoV-2 PCR or antigen in the last 72 hours, or have a negative/pending PCR or antigen but are diagnosed clinically with COVID-19 by the Infectious Diseases consult service and have no other reasonable explanation for the progressive, symptomatic disease under care.
- Have signs of moderate-severe lower respiratory tract infection as demonstrated by BOTH of the following:
  - Bilateral infiltrates or ground glass opacities on chest imaging
  - Need for oxygen supplementation or ventilation:
    - O2 by nasal cannula, non-rebreather mask, high-flow device, non-invasive ventilation, mechanical ventilation, or ECMO.
- If requiring oxygen supplementation or ventilation by high-flow device, non-invasive ventilation, mechanical ventilation or ECMO, they have received one or more of these treatments for ≤7 consecutive days.
- They do not qualify for or they (or their legal representative) have been asked and declined enrollment in other mechanisms to obtain remdesivir at their hospital site (as available) including randomized controlled trials (such as ACTT), expanded access, and individual compassionate use.
- They do not have contraindications to remdesivir including:
  - eGFR <30 ml/min or need for hemodialysis or hemofiltration
  - ALT or AST >5x the upper limit of normal
  - Remdesivir allergy that cannot be managed medically
Remdesivir Access via Emergency Use Authorization (EUA)

Patients eligible for EUA remdesivir will be treated with the following regimens according to degree of oxygen requirement:

- O2 by nasal cannula or non-rebreather mask
  - 200 mg IV load then 100 mg IV q24H x up to a maximum of 5 days total.
  - Remdesivir is discontinued if discharge occurs or need for supplemental oxygen ceases prior to day 5.
- O2 by high-flow device, non-invasive ventilation, mechanical ventilation, or ECMO
  - 200 mg IV load then 100 mg IV q24H for up to a maximum of 10 days total.
  - Remdesivir is discontinued if discharge occurs or need for supplemental oxygen ceases prior to day 10.

Instructions for accessing Remdesivir EUA:
- Review criteria to ensure all criteria are met.
- Request ID consult (required to ensure clinical appropriateness and duration)
- If ID approves, the consultant will contact an ID pharmacist
- Pharmacy will review and process remdesivir order in Epic/EHR.
COVID-19 Convalescent Plasma Trial

• Randomized Controlled Trial (plasma vs. saline)
  – Critical to understanding efficacy of convalescent plasma
  – Inclusion criteria
    • Patients ≥18 years of age
    • Hospitalized with COVID-19 with respiratory symptoms, cough, chest pain, shortness of breath, fever, or oxygen saturation ≤ 94%, or abnormal imaging
    • Hospitalized for less than 72 hours OR within day 3 to 7 days from first signs of illness
    • Laboratory confirmed COVID-19
    • On supplemental oxygen, non-invasive ventilation or high-flow oxygen
    • Patients may be on other randomized controlled trials of pharmaceuticals for COVID-19 and patients who meet eligibility criteria will not be excluded on this basis.
  – Exclusion criteria
    • Receipt of pooled immunoglobulin in past 30 days
    • Contraindication to transfusion or history of prior reactions to transfusion blood products
    • Invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO)
    • Volume overload secondary to congestive heart failure or renal failure
  – Sites: Moses (Rachel Bartash), Einstein (Hyunah Yoon), Wakefield (Marilou Corpuz)
  – Enrollment is done proactively by study team by screening admissions for potential participants
  – If you think you patient might qualify, email: Einstein-COVID-19-CP-RCT@einsteinmed.org
COVID-19 Convalescent Plasma Donation

- Criteria for donation:
  - Lab confirmed **positive PCR test** for COVID-19 (documentation of positive test is required)
  - Your symptoms have been **gone for at least 14 days**
  - **Criteria for donation EXCLUDE those with only positive Antibody test but negative diagnostic test or no diagnostic test**
Wellness Checks and PPE

- Wellness checks will continue at each hospital entrance
- PPE distribution
- Additional PPE is still available on the units when needed
- Fit testing available in the lobby
- Small masks, multiple models available
- Please wear a mask while working
  - It’s for your safety and the safety of your colleagues!
- No longer need to return N95
- Please return your scrubs for laundering
N95 Use and Skin Protection

- DO NOT wear a surgical mask under the N95
- Skin care guidelines available from NPIAP (on intranet)
- Take breaks every 2 hours and relieve pressure under your mask
- Be cautious with bulky barriers at the bridge of the nose; seal must be maintained
- We investigated commonly used products for nose protection:
  - 4x4 gauze flat and folded: FAIL
  - Steri-strip: FAIL
  - DuoDERM (not a good idea anyway): FAIL
  - Bandaid: FAIL
  - Skin Prep: PASS, but caused eye irritation
  - 3M: PASS, VERY sticky and lasts a LONG time
  - Marathon: next to be tested
PROTECTING FACIAL SKIN Under PPE N95 Face Masks

PREP YOUR SKIN
- Cleanse your face gently with pH balanced cleansers
- Apply liquid skin sealants/protectants on areas of direct mask contact and allow to dry
- Do not use petrolatum jelly or mineral oil as a skin sealant

GET THE PRESSURE OFF!
- Remove the mask by lifting at the sides for at least 5 minutes every 2 hours, and ideally 15 minutes every 2 hours
- If this time frame isn’t practical, any pressure relief is helpful

DO IT ALL SAFELY!
- Do not use dressings that alter the seal of the N-95 mask
- If you use thin prophylactic dressings on your nose or cheeks, recheck the seal of the N-95 mask
- Preliminary reports indicate thin dressings can be used under other PPE devices if they don't impair the function of the PPE device
- When removing the thin prophylactic dressing, close eyes and avoid inhaling any aerosolized virus or particles

HELP WOUNDS HEAL
- Treat abrasions from masks with moisturizer, skin sealant, cyanoacrylate or a thin dressing
- Do not apply cyanoacrylates near the eyes or mouth

Please refer to the NPIAP position statement on preventing injury with N95 masks for more detail
Social Distancing Recommendations

- Social distancing is the new normal
- Masks are a permanent accessory
- During breaks and meals at work, maintain 6 feet separation, limit number of people in a space
- Wear a mask at all times you are not alone with the door closed
- As sites re-open or increase activity, we cannot operate as we used to—we must rearrange waiting rooms, alter schedules, reduce crowding
- Create seating arrangements to allow for distance between individuals
- Limit number of people in elevators
- Meetings=tele-conferences
- Bump elbows instead of handshakes
- Avoid unnecessary travel (and tell your friends and family the same!)
Re-opening and Getting to New Normal

- Coordination with NYS
- Coordination with other NYC systems
- Ambulatory Guide Book for expanding services and COVID prevention
  - Social distancing
  - Physical space and engineering
  - PPE
  - Screening/testing
  - Risk mitigation
- Non-clinical sites
  - Hand washing
  - Separate workspaces
  - Alternate work schedules if needed
  - Masks
- Supply chain will continue to be a limiting factor
- Inpatient workflows revised
- Standard Workflow for Procedures including dental practices
- Cohorting of COVID+ and COVID- or designated isolation rooms
ReCOVery

- Elective surgeries have not yet resumed—must meet the regional criteria per Gov. Cuomo
- Continuing to close, repair, and clean surge units and plan for slow expansion
- Working with departmental and campus leaders to cohort patients and staff in various ways to reduce risk of nosocomial spread
Communication

- Continuously updated Intranet COVID19 page
- Community-facing internet page
- Hotline
- Email - COVID19@Montefiore.org
- Infection Prevention assigned to your site/area
- OHS
Summary

• It’s time to leverage lessons learned and build a stronger post-COVID health system together

• Re-opening and recovery won’t be a straight road; there are bound to be bumps and detours. We will get there!

• Each day we learn more about this disease and get better at treating and preventing it

• Healthcare worker and patient safety remain #1

• Please maintain social distancing at work and at home! It matters. Don’t stop!

• Please call OHS if you feel unwell

• **We are in this together**
Gratitude
Gratitude
Gratitude
2020 The Year of the Nurse
We are #MonteStrong

We have come so far and learned so much in such a short time

We are leading the transformation of healthcare from the epicenter of a pandemic

THANK YOU FOR EVERYTHING YOU DO!

#EndlessThanks
Happy Mother’s Day