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Care of a Patient with COVID-19

SCOPE

This policy is applicable to personnel at The University of Kansas Hospital (TUKHS- KC), Kansas City Division.

PURPOSE

To define acceptable variations from standard TUKHS patient care due to limitations associated with highly infectious emerging pathogen and to minimize risk of exposure to healthcare personnel (HCP).

DEFINITIONS

Aerosol Generating Procedure: Laryngoscopy/intubation, non-invasive ventilation (CPAP, BiPAP), CPR, bronchoscopy, open suction, nasotracheal suction, nebulizer treatments.

SARS-CoV-2: The name of the novel Coronavirus that causes COVID-19 disease

COVID-19: The disease process caused by SARS-CoV-2 virus

IPAC: Infection Prevention and Control

KDHE: Kansas Department of Health and Environment

MO DHSS: Missouri Department of Health and Senior Services

CDC: The Centers for Disease Control and Prevention

WHO: The World Health Organization

Description of Disease Transmission

The virus is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Signage

Signage specific to travel/symptom screening has been distributed to all points of entry to the main campus,

Indian Creek and ambulatory care locations.

Screening

Travel screening is performed at points of entry to identify people who have traveled to areas associated with high risk of transmission of SARS-CoV-2 or have had known exposure to a person diagnosed with COVID-19 and have symptoms of infection.

POLICY

Identify:

Through screening, patients are identified by the presence of symptoms associated with COVID-19 infection and consideration to recent travel to high risk locations or exposure to laboratory-confirmed COVID-19 patients.

Isolate:

The patient will put on a mask to prevent the spread of infectious droplets. If the patient is unable to wear a mask or refuses to, healthcare workers should wear a face mask and eye protection (mask with face shield or face mask and goggles) at a minimum.

The patient will be placed in a single private room with the door closed.

Inpatient locations not performing aerosol generating procedures will order the following isolation precautions: contact and droplet precautions with eye protection. Healthcare workers will wear gowns, gloves, face masks and eye protection (mask with face shield or face mask and goggles) when providing patient care.

Inpatient locations performing aerosol generating procedures (nebulizer, cpr, open suction, bronchoscopy, non-invasive ventilation (ex CPAP/BIPAP) laryngoscopy/intubation) will order airborne and contact precautions during aerosol generating procedures. Healthcare workers will wear gowns, gloves and PAPRs or N95 with eye protection when providing patient care during aerosol generating procedures.

Ambulatory locations will place the patient in a private room with the door closed. Healthcare workers will wear gowns, gloves, face masks and eye protection (mask with face shield or face mask and goggles).

Inform:

Ambulatory clinical personnel will call COVID-19 hotline for approval and scheduling for outpatient testing.

Clinical personnel providing care in the Emergency Department or inpatient care setting will page IPAC on call with concern for COVID-19 infection at 913-917-1909 .

Diagnostic Testing:

Attending Provider will make determination on admission or self-isolation outside of the hospital based on patient's clinical needs

The following patients with COVID-19 symptoms should be tested for COVID-19:

- Patients hospitalized with severe lower respiratory illness
- Healthcare workers
- University of Kansas Medical Center faculty, staff, and students
- Patients in other public safety occupations (e.g., law enforcement, fire fighter, EMS)
- Patients involved in an illness cluster in a facility or institution (e.g., healthcare, school, corrections,

homeless/shelters, other institution/congregate setting)

The following patients with COVID-19 symptoms should contact their healthcare provider and be tested for COVID-19 if their symptoms worsen or their healthcare provider recommends testing:

- Patients older than 60 years
- Patients with underlying medical conditions
- Pregnant women

Younger, healthy individuals with mild illness do not need to be tested. They should stay home for 7 days or 72 hours after symptom resolution, whichever is longer.

Additionally, testing is not recommended in persons who are asymptomatic. A negative test result does not rule out an infection.

- If patient will **not** be admitted and is in ambulatory location or TUKHS Emergency Department – instruct the patient to self-isolate at home and provide Krames education
- If patient **will be admitted** and is in an ambulatory location – page IPAC nurse on call to coordinate controlled entry to the hospital.

Inpatient Care:

IPAC will coordinate with designated healthcare staff to control entry of the patient to avoid exposure to healthcare staff and other patients.

- Determine location to meet patient
- Provide mask to patient
- Healthcare workers (HCW) escorting patient will wear mask with face shield

Patient will be admitted to pre-determined department designated to provide care for suspected or confirmed patients with COVID-19. Healthcare workers will implement contact and droplet precautions with eye protection at all times unless aerosol generating procedures are taking place. Airborne and contact isolation will be implemented during aerosol generating procedures. If multiple patients are admitted, incident command will be established, and the hospital will follow Full Capacity Plan.

Personal Protective Equipment (PPE):

Conservation strategies may be used to extend the available supply of PPE.

- Gowns, gloves, masks with face shield, and surgical masks are single patient use and should be changed when needed
- Eye protection that is separate from a mask may be reused between patients after thoroughly wiping down with PDI super sani cloths for the appropriate contact time
- Powered air purifying respirators (PAPRs) and hoods can be used for multiple patients after thoroughly cleaning and disinfecting for the appropriate contact time between patients.
 - PAPR hoods should be inspected prior to each use and disposed of if visibly soiled or physically compromised
 - PAPR hoods will not be shared between health care providers.
- Full face shields are dedicated to individual healthcare personnel as foam piece and elastic head band cannot be adequately disinfected between personnel.
 - Don gloves and adequately disinfect inside then outside surfaces observing appropriate contact time.
 - Store reused full face shield in a clean location.

Staffing - One nurse may provide care for several COVID-19 patients as level of care allows. Healthcare

workers entering the patient care room should be limited to essential staff only, learners are restricted from patient care.

Patient care supplies: Patient care supplies and equipment will be dedicated to the care of the COVID-19 patient and not shared with other patients. If shared equipment is necessary, it must be disinfected using PDI Super Sani Cloth (purple top) wipes using 2 minutes contact time.

Laboratory Specimens: All laboratory specimens must be wiped down with PDI Super Sani Cloth (purple top) wipe, nurse should remove gloves, sanitize hands, don new gloves and place in biohazard bag. Specimens are not to be transported in the pneumatic tube system.

Ambulating: Patients with known or suspected COVID-19 are not to ambulate in hallways or public areas.

Visitors: Visitors will be restricted from access to suspected or known patients with COVID-19 unless special exceptions are granted.

Waste Management – All non-sharp waste will be disposed of in red biohazard bags as determined by Stericycle. Sharp waste will be disposed of per standard of practice. Used linen should be disposed of in designated linen bags (purple). Linen bags should be tied with a knot and placed in soiled utility room.

Environmental Cleaning – For general cleaning and disinfection of environmental surfaces, PDI Super Sani Cloth (purple top) wipes and Oxycide may be used per standard of practice.

For room cleaning post discharge of suspected or confirmed COVID-19 patients:

- INPATIENT UNITS following discharge: For patients in Contact and Droplet precautions with eye protection
 - Unit staff strips room and wipes down any equipment that will leave the room (ex. IV pump, SCD pumps)
 - Isolation signage should remain in place for clear communication to EVS staff
 - No downtime of room is required before terminal clean can be performed by EVS staff
 - EVS staff will use Contact and Droplet Precautions with eye protection
 - PPE needed: surgical mask, goggles/face shield, gown, and gloves
 - Use Oxycide with appropriate contact/dwell time
 - Room can re-open when dry
- INPATIENT UNITS following discharges: For patient in Airborne and Contact precautions
 - Unit staff strips room and wipes down any equipment that will leave the room (ex. IV pump, SCD pumps)
 - Isolation signage should remain in place for clear communication to EVS staff
 - Room must be closed for 30 minutes prior to cleaning and maintain Airborne Respirator/Contact Precautions during that time.
 - After the room has been closed for 30 minutes, EVS may be contacted for a terminal clean of the room.
 - EVS staff will use Contact and Droplet Precautions with eye protection
 - PPE needed: surgical mask, goggles/face shield, gown, and gloves
 - Use Oxycide with appropriate contact/dwell time
 - Room can re-open when dry
- AMBULATORY SITES:
 - No downtime of room is required
 - Use Contact and Droplet Precautions with eye protection
 - PPE needed: surgical mask, goggles/face shield, gown, and gloves

- Use appropriate cleaners with appropriate contact time
- Room can re-open when dry

Upon transfer or discharge of any COVID-19 positive patient:

- Unit staff will contact patient placement to escalate room dismissal to EVS Supervisor
- EVS supervisor will coordinate UV disinfection of room after terminal clean is complete

Patient Transport: Patient transport outside of the room should be limited to medically necessary needs only.

- Follow "Guidelines for transporters: Transporting a COVID-19 patient" available on Coronavirus Central

Maternal Child:

Pregnant or Laboring Patient

All pregnant/laboring patients will be screened for COVID-19. When possible, the test will be obtained 72 hours prior to hospital admission. The patient should be appropriately isolated based on the most recent TUKHS PPE recommendations, until they result negative.

- NICU team will be notified for all labor & delivery patients being ruled out or confirmed COVID-19 and respond.

A pregnant patient who is not in active labor can be cohorted on acute care or critical care unit (ex. not laboring, delivery non-emergent, viable & non-viable):

- Follow isolation precautions per most recent TUKHS PPE recommendations.

Laboring Patient Support Person: Fever and illness free. Assess for fever and illness once a day on approved support person if they stay overnight. Support person is advised of PPE in isolation room. Support person to wear surgical mask in isolation room with patient. Gown and gloves should be worn when in contact with patient or providing care to patient (i.e. labor support/OR, assistance with repositioning, toileting etc.) Support person should not wear PPE outside of patient room or OR. Recommend limiting movement outside of room (ex. going to cafeteria, coming directly from entrance of hospital to patients room etc.). Support person may stay with patient unless intubation is required.

A pregnant patient who is in active labor phase, being induced or preparing for C-Section can be admitted to Labor and Delivery:

- Patient can be placed in room BH5406-BH5411.
- Review outpatient COVID-19 test (if applicable) prior to admission for planned C-section and induction patients.
 - If COVID test is in process upon admission or patient is confirmed COVID 19 positive, patient will be placed in droplet, contact with eye protection isolation precautions until lab results are confirmed.
- Positive COVID-19 or PUI patient during active labor phase and C-Section
 - PAPR or N95 with face shield / eye protection, gown and gloves.
 - C-Sections performed in Labor and Delivery OR. No hepa filter needed. Ensure door is closed. Maintain airborne PPE precautions for 30 minutes after aerosolizing generating procedure is complete if you have to be in the room. Ensure door is closed.
 - After delivery and health care teams are no longer performing aerosolizing procedures on baby or mom, switch back to droplet, contact with eye protection isolation.

The determination of whether or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team.

Full Term baby >36 weeks Rooming In With PUI/ COVID-19 Positive Mom:

- Private room for mom and baby on BH 56. Negative airflow room is NOT needed.
- Full term infants born to R/O or positive COVID-19 patients will be considered a PUI and proper isolation precautions will be adhered to: Droplet/Contact isolation precautions with eye protection.
- It is not recommended to test asymptomatic full term, healthy infants for COVID-19 in the full term nursery unless clinically indicated.
- Baby will remain in an isolette.
- Mother to wear face mask and perform hand hygiene during contact with the newborn. These practices should continue while the mother is on Transmission-Based Precautions.
- If the mother is not breastfeeding and no other healthy adult is present in the room to care for the newborn, a mother with known or suspected COVID-19 should still put on a face mask and practice hand hygiene before each feeding or other close contact with her newborn.
- Using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥ 6 feet away from the mother.
- Support person: wear PPE inside room. Stay inside cohorted mom/baby room.

Full term baby >36 weeks Separated From PUI/COVID-19 Positive Mom:

- Private room for healthy caregiver and baby on BH 56 or BH 44. Negative airflow room is NOT needed.
- Full term infants born to R/O or positive COVID-19 patients will be considered a PUI and proper isolation precautions will be adhered to: Droplet/Contact isolation precautions with eye protection.
- It is not recommended to test asymptomatic full term, healthy infants for COVID-19 unless clinically indicated.
- Baby will remain in an isolette.
- Healthy caregiver to wear PPE and perform hand hygiene during contact with the newborn.
- Mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. A dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions. This expressed breast milk should be fed to the newborn by a healthy caregiver.
- Healthy caregiver to stay inside baby room and not visit mom.

If a mother is separated from baby, and baby admitted to NICU:

- Mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. A dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions. This expressed breast milk should be fed to the newborn by a healthy caregiver.
- Visiting parent/guardian must be fever and illness-free. COVID-19 screening questions are performed prior to entrance of NICU. Staff will assess for fever and illness once a day on approved parent/guardian if they stay overnight. If parent or guardian screens positive during screen or at any time during visit and there is concern for COVID-19 related illness, parent or guardian will leave hospital. Discuss when parent/guardian is safe to return with IPAC.
- Mother and support person are restricted from access to NICU if they are suspected or known to have COVID-19, unless special exceptions are granted.

NICU Admission:

- BH 5511 is the preferred room, but if it is not available neonates can be admitted to any room on NICU.
- Neonates born to R/O or positive COVID-19 patients will be considered a PUI and will be placed in proper isolation precautions.
 - Droplet/Contact with eye protection: babies on room air or high flow <2lpm.
 - N95 or PAPR, Contact with eye protection: non-invasive cpap/nimv or intubation.
- If NICU is full, consideration will be made for Peds or PICU.
- If any infant born to a R/O or positive COVID-19 patient is admitted to the Neonatal ICU, testing will be performed. Testing should only be done after maternal test results are completed and confirmed positive.
- Mother and support person are restricted from access to NICU if they are suspected or known to have COVID-19 unless special exceptions are granted.
- Parent/Guardian: In order to visit baby in NICU parent/guardian must be fever and illness free. COVID-19 screening questions are performed prior to entrance of NICU. Staff will assess for fever and illness once a day on approved parent/guardian if they stay overnight. If parent or guardian screens positive during screen or at any time during visit and there is concern for COVID-19 related illness, parent or guardian will leave hospital. Discuss when parent/guardian is safe to return with IPAC.

In-Patient Pediatrics

Pediatric patient who are being ruled out (R/O) or positive for COVID-19 and admitted into the hospital will be cohorted on PICU.

- Page Peds Intensivist
- Staff will follow PPE recommendations
- Parent/Guardian: In order to visit parent/guardian must be fever and illness free. COVID-19 screening questions are performed prior to entrance. Staff will assess for fever and illness once a day on approved parent/guardian if they stay overnight. If parent or guardian screens positive during screen or at any time during visit and there is concern for COVID-19 related illness, parent or guardian will leave hospital and return. Parent / guardian may return plan can be discussed with IPAC.

Procedures:

- Procedures will be performed in the patient care room if medically necessary. Non-urgent surgical procedures will be postponed until the patient is determined to be non-infectious. If a procedure cannot be postponed or performed at bedside, the procedure will be scheduled when a minimum number of healthcare workers and other patients are present in the surgical suite.
- Follow "[Perioperative and Procedural Care of the Unknown, Suspected or Positive COVID-19 Patient](#)" Policy

Aerosol Generating Procedures: Procedures include Laryngoscopy/intubation, non-invasive ventilation (CPAP, BiPAP), CPR, bronchoscopy, open suction, nasotracheal suction, nebulizer treatments and require PAPR or N95 respirator plus eye protection, gown and gloves. For thirty minutes after the procedure continue to wear this PPE while in the room. Clean high touch surfaces in room with purple top disinfectant wipe for appropriate contact time. If the patient leaves the room, close the room for 30 minutes prior to EVS cleaning.

Radiology : Radiology scans can be performed as needed for patient care. Portable imaging equipment

should be prioritized to minimize patient travel. If imaging is needed that cannot be performed at bedside,

- The patient will wear a surgical mask
- If the patient is ventilated, transport on ventilator to maintain a closed system
- Staff transporting the patient should wear a surgical mask with eye protection.
- Staff in the procedure area need to wear contact/droplet/eye protection – gown, gloves and face mask with eye protection (mask with face shield or mask with goggles)

After the patient leaves the area, it is not necessary to hold the space for air exchange. Equipment should be wiped down using PDI Super Sani Cloth (purple top) wipes for appropriate contact time, and staff cleaning the area should wear gowns, gloves, mask and eye protection.

MRI procedures: MRIs should be avoided unless medically necessary.

Therapy (Physical therapy, Occupational therapy, Respiratory therapy):

To minimize exposures, all therapy should take place in the patient's room. PPE use should be based on the type of isolation that the patient is placed in. Any shared equipment that enters the room should be cleaned and disinfected with an approved product for the appropriate contact time.

Behavioral Health:

Suspected or confirmed patients transferred to Strawberry Hill or Marillac Campus:

Staff will follow the "Identify, Isolate, and Inform" workflow as stated above for all suspected or confirmed COVID patients. Once identified, patients will be cohorted to designated units or areas whenever possible.

- Patients will be roomed in a single patient room and isolated to their room.
- Source control by masking of the patient will be implemented whenever possible.
- Contact and Droplet precautions with Eye protection will be implemented.
 - Healthcare workers will wear gowns, gloves, face masks and eye protection (mask with face shield or face mask and goggles) when providing patient care.
 - If a patient is identified as **high risk for suicide**: follow "Constant Observation of the COVID-19 Positive or Rule out Patient" Policy.
- Evaluations, exams, and therapies will be performed within the patient room whenever possible.
- All potential aerosol generating procedures (e.g. CPAP, nebulizer treatments) will be avoided.
 - If aerosol generating procedures are medically necessary, transfer will be considered.

Code-blue procedures:

All code-blue activation calls are now labeled as either a **COVID-19 Yes** or **COVID-19 No** patient.

- **COVID-19 Yes** indicates the patient is either pending or confirmed for COVID-19. It also must be used to ensure appropriate personal protective equipment (PPE) arrives to the bedside. During a COVID-19 Yes response, the team will bring five PAPRs, multiple N-95s and eye shields. The CPR/intubation PPE needs to change to airborne precautions. Anesthesia attending physicians will lead COVID-19 Yes code blues on the floor instead of Internal Medicine residents.
- **COVID-19 No** patient codes will continue to be led by Internal Medicine residents.

This change affects all front-line staff in the health system. For isolation and work-flow changes, see [Code Blue Activation COVID-19 Patient](#) (PDF).

Chaplains and KU police officers do **NOT** need to respond to code blues and rapid response unless called for

a specific purpose to limit the number of staff members in the room during codes and rapid responses.

Discontinuation of Transmission-Based Precautions

This guidance is based on current information about COVID-19 and subject to change as additional information becomes available. Current guidance for discontinuation of isolation precautions applies to COVID-19 positive patients on acute care status. Intensive Care Unit (ICU) status COVID-19 patients will remain in isolation for duration of ICU encounter.

COVID-19 patients with confirmatory laboratory testing on acute care status are considered recovered and isolation precautions can be discontinued if the following criteria are met:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 14 days have passed since *first diagnostic test*.

Patients on acute-care status with high suspicion of having COVID-19 without confirmatory laboratory testing are considered recovered and can be removed from isolation when the following criteria are met:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 14 days have passed *since symptoms first appeared*.

Discontinuation of isolation precautions will be made in coordination with the Infection Prevention and Control department (24/7 pager – 917-1909).

Discharging confirmed or suspected COVID-19 patients:

- If the patient is confirmed positive, notify IPAC (pager 917-1909) and the patient's county Health Department before proceeding with discharge.
 - If the patient is suspected/under investigation/unknown, no notification is necessary provided that their self-quarantine plan is confirmed
- Include Krames education by typing 'novel coronavirus' in the search bar under the References tab on O2. There are two documents related to COVID:
 - Coronavirus Disease 2019: offers more general information about COVID (symptoms, complications, if they're at risk, how they would be treated etc.). It has a small section about diagnosis. Also has the CDC URL.
 - Novel Coronavirus (COVID-19 or SARS-CoV-2): geared towards confirmed or rule-out patients who no longer need to be hospitalized. It covers symptoms, complications, self-care, and preventing the spread and offers a CDC URL at the end. Helpful to patients who are being discharged or who came in to be screened.
- Other patient education resources to utilize:
- Kansas Department of Health and Environment (KDHE): Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (Covid-19) in Homes and Residential Communities (link below)
 - http://www.kdheks.gov/coronavirus/toolkit/Preventing_Spread_in_Homes_and_Communities.pdf
- Centers for Disease Control (CDC): Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

Discharging locations for confirmed or suspected COVID-19 patients:

- Patients discharged via private vehicle or cab will be transported from the unit by healthcare staff and discharged through to the Emergency Department.
- Patients discharged via vendor (e.g. wheelchair or stretcher van) will be discharged through the main lobby to allow for the vendor to be screened for temperature and respiratory symptoms prior to entering the patient care area.

Decedent affairs:

- Current knowledge from CDC: Most often, spread from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes.
- This route of transmission is not a concern when handling a deceased patient or performing postmortem procedures. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.
- Post-mortem care procedure:
 - Cover the patient in their linens
 - Place the clean plastic body bag on the clean morgue transport cart
 - Move the patient in their linens onto the body bag and zip the bag
 - Double bag patient and place an identifier on tag indicating COVID status
 - Wipe down the outside bag with a purple wipe
- Inform Decedent Affairs (8-7272) that this patient was either a positive COVID-19 or a rule-out before sending the patient to the morgue.
 - For deaths that occur outside of morgue hours (any time between 1630 to 0700), call the morgue and leave a voicemail. Voicemails will be reviewed at 0700 prior to handling any deceased patients.
 - No further notifications or sign are necessary

REFERENCES

Centers for Disease Control and Prevention. (2020). Coronavirus Disease 2019 (COVID-19).

Centers for Disease Control and Prevention. (March 23, 2020). Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).

SUPPORTING DOCUMENTS

Airborne and Contact - Donning and Doffing Picture Guide (See Attached)

COVID-19 Testing Criteria (See Attached)

[Full Capacity Plan](#)

[COVID-19 ICU Patient Care Guideline for Nursing-TUKH](#)

[Perioperative and Procedural Care of the Unknown, Suspected or Positive COVID-19 Patient](#)

[Rehab Services\(OT/PT\) COVID-19 Rule Out-TUKHS \(Main Campus\) - TUKH](#)

[Rehab Services\(OT/PT\)- Positive COVID-19 \(+SARS-CoV-2 test\) -TUKH](#)

[Novel Coronavirus \(2019-nCoV\)-Respiratory Therapy Department - TUKH](#)

REVIEWED BY

Director, Quality and Safety

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Attachments

- [Airborne and Contact - Donning and Doffing Pictorial Guide.v2.pdf](#)
- [Immunocompromised Patients - Protocol v1.0.pdf](#)
- [Perioperative and Procedural Care of the Unknown- Suspected or Positive COVID-19 Patient.pdf](#)
- [RT Considerations_4.20.docx](#)
- [Tips on wearing a mask correctly.v2.pdf](#)
- [TUKHS Inpatient Airborne Contact PPE Guide.pdf](#)
- [TUKHS Inpatient Droplet Contact Eye PPE Guide.pdf](#)
- [TUKHS Outpatient Droplet Contact Eye PPE Guide.pdf](#)

Approval Signatures

Approver	Date
Jennifer Palmer: POLICY AND NURSE CREDEN COORD	04/2020
Amanda Gartner: DIR QUALITY & SAFETY	04/2020
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Applicability

The Univ of Kansas Hospital, The Univ of Kansas Hospital - Ambulatory Clinics, The Univ of Kansas Hospital - Home Infusion, The Univ of Kansas Hospital - Marillac Campus, The Univ of Kansas Hospital - Specialty Surgery, The Univ of Kansas Hospital - Strawberry Hill, The Univ of Kansas Hospital- Indian Creek Campus