PROCEDURE:

1. Personal Protective Equipment

PPE’s, masks are not a replacement for social distancing of 6 feet whenever possible. 
A cloth mask are acceptable for this purpose if not working directly with patients. 
Areas such as the hallway, 6 pc exit/ing regulations (6.15.2020).
2. All staff will wear facial mask in contact with others. And always in common

1. Prior to Donning PPE, all hair must be pulled back from the face and off the collar.

PROCEDURE:

Via droplets, the environment, and is airborne when aerosolized. (6.27.2020)
Via droplets, the environment, and is airborne when aerosolized. (6.27.2020)

and will vary the HCV is planing to do, and current evidence that COVID is transmuted
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This decision will be made based on how the patient presents
This decision will be made based on how the patient presents

of COVID-19. All HCV’s will utilize the appropriate PPE associated with the clinical
of COVID-19. All HCV’s will utilize the appropriate PPE associated with the clinical

Precautions are required for all patient interactions. When there is a potential for transmission.
Precautions are required for all patient interactions. When there is a potential for transmission.

POLICY:

Scope:

WHEREAS, the Adirondack Regional Health Center & (360) 788-7407
WHEREAS, the Adirondack Regional Health Center & (360) 788-7407

Policy: Contact and a minimum of Droplet Respiratory Precautions in addition to Standard
Policy: Contact and a minimum of Droplet Respiratory Precautions in addition to Standard

DATE

DATE

DATE

DATE

Dr. Darrin Bhydes, Chief Medical Officer

Dr. Darrin Bhydes, Chief Medical Officer

Dr. Diana Christensen, Chair, ICC

Dr. Diana Christensen, Chair, ICC

PREPARED BY:

PREPARED BY:

APPROVED BY:

APPROVED BY:

Effective Date: June 18, 2020

Effective Date: June 18, 2020

Adirondack Health

Adirondack Health
2

When PPE must be kept on for prolonged periods of time:

b. GFR or PAPR may be more comfortable and provide cooling necessary.

7. CAPR's AND PAPR's are positive air pressure respirators that provide a level of

potential pathogens/particle filters.

c. Standard precautions dictate that gowns, head cover, shoe covers, and gloves

are to be used if the PPE will act as a barrier between the HCP and known or

suspected infection.

b. PPE will be used once and disposed of unless it is determined that AHP does

not have enough PPE and there is a threat to the supply chain.

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not have enough PPE and there is a threat to the supply chain.
c. CAPR and PAPR are used for mask, eye, and facial skin protection.
   i. CAPR requires use of a head cover, such as bounfial or a head shroud
      (preferred).
   ii. PAPR hoods protect airway, head, eyes, and facial skin, nothing further
       for above the shoulders protection is needed.

REFERENCES
1. CDC Extended use https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextenduse.html
2. CDC COVID Website https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-
   strategy/index.html
3. NYS DOH website https://coronavirus.health.ny.gov/home
   https://www.mericanewspaper.com/story/five-regions-across-new-york-state-are-cleared-for-
   phase-3-reopening-2020-06-11
5. New York City at 1.7%, and lowest in the North Country at 0.3%.
6. Early Warning Monitoring Dashboard, NYS DOH. https://forward.ny.gov/early-
   warning-monitoring-dashboard
   temporary-suspension-and-modification-laws-relating-disaster-emergency
   disinfection.html

Disclaimer: Other circumstances may arise that require the modification of this policy &
procedure.
POLICY: While it is the goal always to use all (PPE) personnel protective equipment per
manufacturers instructions and per AH COVID PPE POLICY, there may be times when supply
chain PPE demand exceeds supply. The following strategies are to be employed in these
circumstances to ensure that our patients, families and staff remain maximally protected.

SCOPE: Wound x Hypothermia Treatment Center x Mercy Living Center;
Wound x Hypothermia Treatment Center x Mercy Health Center; Rehabilitation x Sports Medicine at Upper Lake;
Health Center; Lake Placid Health Center; Rehabilitation x Sports Medicine at Upper Lake;
Center at Lake Placid, Saranac Lake Health Center, Mountain Health Center, Tupper Lake
All Adirondack Health Facilities Including: Adirondack Medical Center, Adirondack Medical

DATE
7/10/20

DATE
7/10/20

DATE
7/10/20

SIGNED:

Dave Mader, BSN, RN, CCRN-K, NE-BC Chief Patient Care Services

DATE
7/10/20

DATE
7/10/20

DATE
7/10/20

APPROVED BY:

DATE
7/10/20

DATE
7/10/20

DATE
7/10/20

EFFECTIVE DATE: June 18, 2020

POLICY TITLE: COVID - Contingency and Crisis Use of PPE

REPLACES POLICY DATED: NEW

ATTACHMENT #9 - B PGS TBL

EXPOSURE CONTROL PLAN #1

ATTACHMENT: Infection Control

PREPARED BY:

#9 - B PGS TBL

CONTROLL PLAN #1, ATTACHMENT

ON AGENDA FOR JUNE 18 IJC MEETING

AVP FOR PATIENT CARE SERVICES

MLN MILLER, RN, CCRN, RN, CIC, Carrie Rendron, BSN,
1. Definitions:

PROCEDURE:
A. MASKS

- Use of community cloth masks over N95 masks in personal protection
- Wearing of surgical masks when utilizing time to decontaminating masks
- Gloves should be worn when handling infectious blood or bodily fluids
- Consideration of utilizing face shield or plate glass when possible

B. Contingency Plans for Specific PPE Items

- COVID is a threat of PPE depletion necessory for Contingency Capability
- PPE is determined by the Incident Command, the amount of PPE per specific category/size is determined by the descretions of the Incident Command and the Incident Commander Meeting and based on the recommendation of the PPE committee

C. Contingency Capability

- When the level of PPE is adequate to change back to conventional or down to crisis
- Supplies will be reallocated as needed or as requested
- Additional stockpiles: N95 masks, eye protection, gowns, and gloves
- Stockpiles are to be maintained by the company and NSDOH
- Implementing an additional stockpile
- When the level of PPE is getting low, the appropriate plan will be

D. Crisis Capability

- When the level of PPE is not able to meet the conventional capability
- Additional stockpiles: N95 masks, eye protection, gowns, and gloves
- Stockpiles are to be maintained by the company and NSDOH
- Implementing an additional stockpile
- When the level of PPE is getting low, the appropriate plan will be

Reciprocate:

6. Reusable gowns should be used once and placed in the assigned laundry.

5. Place shield or goggles and dry in a safe, dry place, (not a plastic bag).

4. After the contact time has been reached, an eye glass cleaner may be used on the face shield to improve visibility.

3. ALPR/AHP sprays, or PPE with small parts or overlapping.

2. Oxivir-TR2 wipes may be used to wash hard, non-surface rises with a contact time of 1 minute. Face shields and goggles may be washed and reused, especially by the same user.

1. Face shields and goggles are considered one time use when supply is adequate.

B. FACE SHIELDS / GOGGLES

See ECP Amendment 11 for PAPR cleaning.

See ECP Amendment 10 for PAPR cleaning.

When supplies are limited:

1. CAPR/PAPR, face shields, and goggles re-use plan.

2. CAPE/PAPR, face shields and goggles are not options.

x. Unless another mask or CAPR/PAPR are now options.

x. The circle is disposed of before entering patient area. If unable to pass the self-check, after 2 items,
new paper bags that are labeled with the employee's name and department, wheeling EFS start use clean gloves and mask to remove masks and place in
E. GLOVES
1. Reusing and extending the use of gloves is not recommended unless in CRISIS capacity mode.
2. Relieve the amount of gloves being used to only those critical functions.
   a. Heavy gloves (nitrile) can be used for some cleaning activities and washed with Alpha HP or run through the dishwasher afterwards.
   b. Increased scrutiny of activities to only don gloves when contact with open skin, or bodily fluids is a strong potential or known consequence of activity.
   c. Increased use of OXIVIR TB wipes to clean surfaces prior to touching.
   d. Increased use of OXIVIR TB, wipes to clean surfaces prior to touching to alleviate the need for gloves.
   e. Ask all departments to identify times when it would be safe to reduce the amount of glove use.
3. Gloves are not to be safely doffed, and donned again.
4. Very limited application for extending the use of gloves. If gloves are cleaned with alcohol hand rub after contact with the environment and between low impact activities, this might be possible. All examples to be discussed with infection preventionists.
   a. This would require that you are still with the same patient.
SHOE COVERS
1. Shoe covers can be worn in multiple patient rooms, under contingency capacity.
   a. In the case of CRISIS, the shoe covers must be removed and disposed of.
   b. Any contact with visible bodily fluids would require removal of gloves, hand hygiene and new gloves if needed.

F. COMMUNICATION OF CHANGES IN THE LEVEL OF PPE SUPPLY
1. The only exception to this is when CRISIS IS KNOWN OR SUSPECTED.

REFERENCES
2. NYS DOH website: https://corona virus.health.ny.gov/home
3. COVID-19 Resources: https://www.cdc.gov/niosh/topics/covid19/index.html
and lowest in the North Country at 0.3%.

5. NYS DOH COVID-19 Rates
https://forward.ny.gov/percentages-positive-results-geography-dashboard

6. Early Warning Monitoring Dashboard, NYS DOH
https://forward.ny.gov/early-warning-monitoring-dashboard

7. Executive Order 202.40
suspension-and-modification-laws-relating-disaster-emergency
s
disinfection.html

*Disclaimer: Other circumstances may arise that require the modification of this policy & procedure.*
Hand hygiene will also be performed:

1. All AH staff will perform hand hygiene when being assessed at the Screening Desk.
2. Hand hygiene will also be performed:

PROCEDURE:

Families and community:

Employees will maintain the following safe practices to ensure the safety of our patients, staff,
Policies:
Adirondack Health initiated these precautions to prevent the spread of COVID-19.

SCOPE:

Wound & Hyperbaric Treatment Center & Mercy Living Center
Health Center, Lake Placid Health Center, Rehabilitation & Sports Medicine at Upper Lake,
Center, Lake George Health Center, Mountain Health Center, Tupper Lake
All Adirondack Health facilities including: Adirondack Medical Center, Adirondack Medical

DATE: 12/6/21

DATE: 7/10/2020

DATE: 7/1/20

SIGNED:

Dr. Warner, MD Chief Medical Officer Adirondack Health

Dr. Diana Christensen, Chair, IC

APPROVED BY:

HSN, RN, AVP for Patient Care Services

MINI, RN, AVP for Nursing

PREPARED BY:

June 18 IC meeting

ON AGENDA FOR JUNE 18 IC MEETING

EXPOSURE CONTROL PLAN 1: COVID - Considereations for Safe Work Practice

DEPARTMENT: Infection Control

ATTACHMENT #9 - PCS TBL

POLICY: COVID - Exposure Control Plan 1

REPLACES POLICY DATED: NEW

EFFECTIVE DATE: JUNE 18, 2020
Masks should be changed when soiled, torn, wet or you are unable to get to them properly.

1. A mask does not replace the need for social distancing of 6 feet whenever applicable.

2. Surgical procedure masks are indicated for all HCP encounters with patients.

3. In addition to wearing a mask for all patient encounters, Article 28 locations are included.

III. Additional Precautions to Protect Healthcare Workers from COVID-19

1. Keep in mind the extra cleaning efforts on the ambulatory cleaning log. With 1-minute contact time, is in addition to EVS cleaning.

2. Staff will attend to maintain a minimum of 6 feet of space between themselves and all...

II. Social Distancing

1. Periodically throughout the day, especially after contact with others.

   * Before leaving face
   * Immediately after using the bathroom
   * Before and after meals

2. Patients will be assisted to perform hand hygiene:

   - before donning a face shield (face shield, etc.)

3.文章中提到的一系列步骤包括佩戴口罩、勤洗手等措施。
REFERENCES

1. CDC COVID-19 Website

2. NYSDOH Website

3. New York State Phase 3 Opened in the North Country on June 11, 2020


6. FY.gov: Forward NY/Fy.gov/Forward NY/rapid-warning-monitoring


Disclosure: Other circumstances may arise that require the modification of this policy.

Procedure:

1. Staff needs to wear masks, gloves, N95 masks, and face shields.

2. Staff must practice social distancing and optimization of personal hygiene.

3. Staff is expected to practice safe handling of all objects and surfaces.

4. Staff must practice proper hand hygiene and washing practices.

5. Staff must practice proper cleaning and disinfection practices.

6. Staff must practice proper respiratory hygiene and cough etiquette.

7. Staff must practice proper waste handling and disposal practices.

P. COSH is well-located and may help prevent transmission.

Q. COSH is well-located and may help prevent transmission.

R. COSH is well-located and may help prevent transmission.

S. COSH is well-located and may help prevent transmission.

T. COSH is well-located and may help prevent transmission.

U. COSH is well-located and may help prevent transmission.

V. COSH is well-located and may help prevent transmission.

W. COSH is well-located and may help prevent transmission.

X. COSH is well-located and may help prevent transmission.

Y. COSH is well-located and may help prevent transmission.

Z. COSH is well-located and may help prevent transmission.

A. Staff must practice proper ventilation practices.

B. Staff must practice proper ventilation practices.

C. Staff must practice proper ventilation practices.

D. Staff must practice proper ventilation practices.

E. Staff must practice proper ventilation practices.

F. Staff must practice proper ventilation practices.

G. Staff must practice proper ventilation practices.

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U. Staff must practice proper ventilation practices.

V. Staff must practice proper ventilation practices.

W. Staff must practice proper ventilation practices.

X. Staff must practice proper ventilation practices.

Y. Staff must practice proper ventilation practices.

Z. Staff must practice proper ventilation practices.
All AH facilities.

The following screening procedures for COVID-19 will be employed prior to admission to

Policy: To ensure maximal protection for our patients, staff, families and our community;

Wounded Knee Hospital, Treatment Center & Mercy Shelti;
Health Center, Lake Placid Health Center, Rehabilitation & Sports Medicine & Tupper Lake;
Health Center at Lake Placid, Saranac Lake Health Center, Mountain Health Center, Tupper Lake
All Adirondack Health facilities including: Adirondack Medical Center, Adirondack Medical

Scope:

Date

7/9/21

Dave Madison, BSN, RN, CNRN, NE-BC

Date

7/10/2020

Dr. Danie Berens, Chief Medical Officer

Date

7/19/20

Dr. Diane Christensen, Chair, ICC

Signed:

IN, AVP for Patient Care Services

June 18 ICC Meeting

Approved by:

Attachment #9 - D

Effective Date: June 18, 2020 ICC

Page 1 of 3

Attachment #9 - D

Exposure Control Plan 1

Policy Title:

Adirondack Health
**PROCEDURE:**

1. All staff will be screened for signs of COVID illness and potential exposures to COVID.

2. If yes is answered to any question or the TEMPERATURE is greater than 100.3°F, the staff member is instructed to go home and contact Employee Health nurse for further instructions. This may be done in 80 home and connect to Employee Health nurse for further instructions. If the employee is still member screened and less than 100.4, the staff person is given a sticker to prove they were screened.

3. Merck is included every time that enters the building are required to be seated for event.

4. All visitors are screened prior to entering the hospital. For any reason. The same questions are asked, and the employee is given a mask if one is not already present. If they do not already have one, they have any questions are answered by their office.

5. Our patients are not asked about COVID in our patient encounters. Our patients are not asked if they have any symptoms of COVID or known exposures to anyone else with positives. Our patients are not asked if they have any symptoms of COVID or known exposures to anyone else with positives. Any questions are answered by their office.

6. Staff will be screened and allowed in per most current visitor policy, 6/19/20 at the time of this writing.

**REFERENCE**

- https://www.orsurname.net/health/yourhome/ 
- 6. Staff will be screened and allowed in per most current visitor policy, 6/19/20 at the time of this writing.

**PROCEDURE:**

1. All staff will be screened for signs of COVID illness and potential exposures to COVID.

2. If yes is answered to any question or the TEMPERATURE is greater than 100.3°F, the staff member is instructed to go home and contact Employee Health nurse for further instructions. This may be done in 80 home and connect to Employee Health nurse for further instructions. If the employee is still member screened and less than 100.4, the staff person is given a sticker to prove they were screened.

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**REFERENCE**

- https://www.orsurname.net/health/yourhome/ 
- 6. Staff will be screened and allowed in per most current visitor policy, 6/19/20 at the time of this writing.
Daily screening for patients, vendors, contractors

Do you have fever above 100.3°F?

If yes, refer to COVID-19 protocol.

If fever is accompanied by AT LEAST ONE of the following:
- Respiratory Symptoms
- Myalgia
- Diarrhea
- Nausea
- Decreased smell/taste

If patient has an appointment, give mask and contact the patient's clinic to confirm appointment and advise next steps. Their provider may advise to send to COVID clinic.

If fever is without other symptoms, send home and advise they call their health care provider.

Send home.
Advis: Advise they call their health care provider if symptoms get worse.

Send home.
Advis: Advise they call COVID clinic or their health care provider.

Send home.
Advis: Advise to self-isolate for 14 days.

Send home.
Advis: Advise to self-isolate for 14 days.

Send home.
Advis: Advise to self-isolate for 14 days.

Yes:

Do you have cough?

Yes:

Have you had close contact with a laboratory confirmed COVID patient within 14 days?

If yes, refer to COVID-19 protocol.

No:

Have you traveled internationally within the past 14 days?

If yes, refer to COVID-19 protocol.

No:

Are you a New York City metro area or New Jersey?

If yes, refer to COVID-19 protocol.

No:

Close.