COVID-19 Workflows
Screening, Testing, Symptom Monitoring & Results Notification
Version 2.0

This document represents select workflows and infection prevention guidance developed during the COVID-19 response.

1. Patient Screening and Testing at Point of Entry – In Person (SLU SCCA Clinic only)
2. Patient Screening and Testing for COVID-19 – By Phone (call to COVID-19 hotline or team)
3. Positive Results – Symptom Monitoring
4. Negative Results - Symptom Monitoring
5. No Test Performed - Symptom Monitoring

Supportive Documents:

A. Testing Criteria (as of March 31, 2020)
B. Patient Instructions Post-Triage Center (SLU SCCA Clinic Only, excludes BMT/IMTX)
C. COVID-19 RN Phone Algorithm
D. Symptom Monitoring Guidance, and Guidance for Patients with Persistent and Chronic Respiratory Symptoms
E. ORCA PowerForm & PowerPlan Job Aid and FAQ
F. Infection Prevention Guidance for Positive Patients
Version 1: Processes & Guidance – Published March 25, 2020

Version 2: Published May 5, 2020

Summary of changes:

NEW:
• Title changed to Screening, Testing, Symptom Monitoring and Results Notification
• Guidance for patients with persistent and chronic respiratory symptoms

UPDATED:
• Process maps 1-5 reflect current state
• Testing Criteria
• Symptom Monitoring Guidance – major change is that symptom monitoring is not required for COVID negative patients
• ORCA Instructions - In addition to a COVID-19 PowerForm going live for documentation of COVID assessments, a PowerPlan now enables standing ordering.
• Positive Patient Flow through Ambulatory Care

DELETED:
• Drive-up testing process map
1. Patient Screening and Testing at Point of Entry – In Person (SLU SCCA Clinic only)

**START**

Patient enters SCCA building

**SCREENING**

1. Does patient have any of the COVID-19 Symptoms?*
   2. Previous positive test in last 30 days?

**Yes**

Patient and caregiver are always masked – their own cloth mask or SCCA provided surgical mask

**No**

Patient goes to appointment(s)

**Droplet and Contact Precautions**

Patient masked with an SCCA surgical mask

**BMT/IMTX patient?**

**Yes**

Patient proceeds to appointment with printed instructions

**END**

**No**

Patient to ‘Triage Center’ in G1006/1008 (secondary screening)

**Yes**

Patient meets testing criteria?*

**END**

**No**

Nurse orders test and collects sample

Patient goes to BMT or IMTX clinic for testing

**END**

**POLICY CHANGE – APRIL 27, 2020**

Required Extended Mask Use Policy: patients and visitors enter SCCA with cloth mask or are given surgical masks.

**PROCESS DEVIATION:**

If a patient was eligible for drive through testing but doesn’t have a car, the TC in triage center scheduled them for walk up testing in triage center.

* Symptoms: Fever, cough, SOB, chills, difficulty breathing, congestion, sore throat, runny nose, new onset diarrhea, fatigue, myalgia, loss of taste/smell?

* Updates May 1, 2020
2. Patient Screening and Testing for COVID-19 – By Phone
(call to COVID-19 hotline or team)

START

Patient or provider calls CNC or COVID-19 Hotline to report exposure or symptoms

RN follows COVID-19 RN Phone Algorithm

Does patient meet testing criteria?®

YES
RN assesses and orders Drive Through Testing

NO
Follow COVID-19 RN Phone Algorithm

Referral to Care Team for Symptom Monitoring or further clinical care (e.g. fever protocol)

Symptom Monitoring for up to 7 days®

Worsening Symptoms®?

NO
STOP Monitoring and Advise Patient to Contact Care team or COVID-19 Hotline if symptoms worsen

END

For Reference:
COVID-19 Hotline: 206-606-2880
Triage APP: 206-573-8913 (for internal use only – Do not give to patients)
Hours of operations: 8-5 pm, Daily
3. Positive COVID-19 Result - Symptom Monitoring

START

Symptomatic patient referred for COVID-19 testing → Patient test positive for COVID-19?

Yes → Triage APP calls patient to discuss results → Triage APP to assess Worsening symptoms? (eg. shortness of breath, fever?)

Yes → Refer to ED (Advise patient to mask and call ED for hand-off for known Positive COVID case to ensure for isolation)

No → Triage APP to advise patient to self-isolate and other guidance per patient education handout → Triage APP contacts care team

Worsening symptoms (eg. fever, SOB?)

No → CNC or other RNs will initiate daily symptom monitoring*

Care team determined if appointment essential

No → RN continues daily symptom monitoring until symptom resolution°

Yes → Care team arranges for positive COVID patient to arrive to clinic using Infection Prevention Guidance for Care for Positive COVID Patients

Refer to the document: Continuing Care for Positive COVID Patients – describes process for COVID+ patients arriving to clinic

Note: For patients with inconclusive test results, repeat testing is recommended and the patient should be managed as a positive result until results of repeat test and confirmatory testing. Contact the SCCA COVID on call with questions

*If patient symptoms resolve before 7 days, stop monitoring.  
- If symptoms are unresolved, but not worse during 7 days, stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen.  
As co-infections may be possible, for patients who test positive for another respiratory virus, continue same approach to daily symptom monitoring.

Refer to D. Symptom Monitoring Guidance
4. Negative COVID-19 Result - Symptom Monitoring

*Start*

- COVID-19 test completed and results are negative
- Batch email sent from Patient Relations to inform patient of negative result and next steps
- Quality team to import patients who have negative results to COVID-19 SYMPTOM TRACKING on MSTeams (Community site patients sent to managers directly) In Epic, COVID rule out is removed.
- Care team/labor pool RN to document notifying patient of negative result. No symptom monitoring for negative patients.

*Refer to D. Symptom Monitoring Guidance & Guidance for Patients with Persistent and Chronic Respiratory Conditions*

Negative COVID patients do not require symptom monitoring. Advise patient if symptoms develop to contact the COVID hotline or their care team. Provide patient with negative COVID result patient handout.*
5. No Test Performed - Symptom Monitoring

**START**

Symptomatic patient who does not need COVID-19 Test*

Daily symptom monitoring by CNC or Labor Pool RN for up to 7 days**

Worsening symptoms?

Yes

SOB?

Yes

Refer to ED (Advise patient to mask and RN calls ED for hand-off rule out of COVID-19)

No

Fever

Yes

Evaluate in clinic or ED as per existing care team fever protocols

No

RN decides if patient needs a test and arranged drive through.

*This scenario is rare – in which patients may not be able to get tested, have a positive result and are not worsening, may have refused testing. Infection Prevention should be contacted in these cases.

**If patient’s symptoms resolve before 7 days, stop monitoring. If symptoms are unresolved, but not worse during 7 days, stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen. As co-infections may be possible, for patients who test positive for another respiratory virus, continue same approach to daily symptom monitoring.

Refer to D. Symptom Monitoring Guidance & Guidance for Patients with Persistent and Chronic Respiratory Conditions

Note: For patients with inconclusive test results, repeat testing is recommended and the patient should be managed as a positive result until results of repeat test and confirmatory testing. Contact the SCCA COVID on call with questions
A- Testing Criteria – Updated May 1, 2020

SCCA Clinic SARS-CoV-2 (COVID-19) and Respiratory Viral Testing Guidelines for Patients

Testing for SARS-CoV-2 (COVID-19) is now available and can be ordered in ORCA under “COVID-19 Coronavirus Qualitative PCR” and lab test code “NC04T”. As other respiratory viruses including influenza are circulating in the community, we recommend that testing for SARS-CoV-2 be ordered in conjunction with our currently available extended respiratory viral panel PCR for patients with respiratory symptoms in selected circumstances. Based on lab testing capacity and as changes in community transmission patterns occur, we will update these guidelines accordingly. Symptomatic patients and patients with chest CT findings meeting criteria for SARS-CoV-2 PCR test are considered COVID PUI and should be placed in Droplet/Contact Precautions.

<table>
<thead>
<tr>
<th>Clinical Criteria</th>
<th>SARS-CoV-2 PCR Test?</th>
<th>Extended Respiratory Viral PCR Test?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>BMT patients at Arrival and prior to data review for chemo mobilization or transplant; Pre-surgical/pre-procedural screening</td>
<td>No</td>
<td>Standard Precautions</td>
</tr>
<tr>
<td>Presence of any of the following symptoms:</td>
<td></td>
<td></td>
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<tr>
<td>● Fever*</td>
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<td></td>
<td></td>
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<tr>
<td>● Chills</td>
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<td></td>
<td></td>
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<tr>
<td>● Cough</td>
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<td></td>
<td></td>
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<tr>
<td>● Sore throat</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Shortness of breath</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Chest tightness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Congestion</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Runny nose</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Nausea</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Dysgeusia</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● Myalgia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● New onset of diarrhea</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● High Risk Patients</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● All transplant/IMTX</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● All hematologic malignancy</td>
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<tr>
<td>For all other patients, extended RVP testing may be considered on a case by case basis depending on clinical presentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest CT with new ground glass opacities</td>
<td>YES</td>
<td>YES</td>
<td>Droplet/Contact Precautions</td>
</tr>
<tr>
<td>WITH OR WITHOUT symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Testing should be considered among patients without clear alternative source of fever; it is important that other diagnostic work-up for fever is performed (e.g. neutropenic fever)

Updated May 1, 2020
### B- Patient Instructions

**PLEASE GIVE THIS SHEET TO YOUR CARE PROVIDER**

*(On the 2\(^{ND}\), 3\(^{RD}\), 4\(^{TH}\), or 5\(^{TH}\) FLOOR)*

#### DIRECTIONS FOR PATIENTS WITH RESPIRATORY SYMPTOMS

1. Keep your mask on during your time in the SCCA clinic(s)

2. Proceed directly to your clinic appointment *(refrain from going to areas like the Bistro or Resource Center)*

3. Please sit in the isolation areas in our waiting rooms because:
   a) You have respiratory symptoms
   b) You are wearing a mask and/or have been tested for respiratory viruses

4. Please tell your medical assistant and care team that you have been screened and/or tested

5. Give this sheet to your RN, physician, PA or nurse practitioner

#### INFORMATION FOR PHYSICIANS, APPs AND NURSES

*Select all that apply (to be filled out by triage APP):*

- [ ] Your patient received secondary screening due to URI symptoms

- [ ] Your patient has respiratory symptoms but did **not** require testing for respiratory viruses (does **NOT** require a mask) because ______________________

- [ ] Your patient has been tested for COVID-19 & the **extended** respiratory panel, must be in respiratory/droplet isolation and must also wear a mask

*Call Triage APP @206.573.8913 with questions*
C. COVID-19 RN PHONE ALGORITHM (206-606-2880)

Question 1: Is this person seen in IMTX or Transplant Clinic?

Yes → Instruct patient to contact their care team directly.

No ➔ STOP

SCREENING*

1. Does patient have any of the COVID-19 Symptoms?**

Yes ➔ Question 3: Are you experiencing any of the following:
   • New or worsening difficulty breathing?
   • Fever

No ➔ STOP

If patient is acutely short of breath...

Yes ➔ If patient has a fever...

Yes ➔ Refer patient to local ED

No ➔ Instruct patient to contact their care team if necessary.

If patient has mild respiratory symptoms but no fever or shortness of breath...

Yes ➔ RN Orders COVID-19 Test

RN will only consult APP if needs - Extended Respiratory Viral Panel testing
APP cell phone: 206-573-8913

No ➔ Instruct patient to stay at home until resolution of respiratory symptoms. Instruct patient to contact their care team and potentially reschedule upcoming appointment(s).

Counsel patient regarding symptom management and signs/symptoms that should prompt patient to call or to their healthcare provider or seek further evaluation at ED (e.g. fever or SOB)

TEST ORDERED

EMR UPDATE - April 2020 - Documentation in ORCA COVID-19 Assessment Powerform

* Symptoms: fever, cough, SOB, chills, difficulty breathing, congestion, sore throat, runny nose, new onset diarrhea, fatigue, myalgia, loss of taste/smell?
** Updates May 1, 2020

SCCA House or Pete Gross House Patients:

Instruct patient to get tested in clinic or assist in arranging for drive-through if patient has a vehicle.
D.
- Symptom Monitoring Guidance
- Testing For Patients With Persistent And Chronic Respiratory Symptoms

E. ORCA - COVID-19 PowerForm & PowerPlan

F. Continuing Care For COVID Positive Patients
ORCA - COVID-19 PowerForm & PowerPlan
Instructions

This document describes steps to:

1. Open and document in the ORCA COVID-19 Assessment PowerForm (pages 2 - 3)
2. Order a COVID-19 test through the ORCA PowerPlan (pages 4-5)
3. FAQs (page 5)
1. Open the COVID-19 Assessment

2. Open the Patient’s chart and select **Oncology** on the **Menu**.

3. On the **Onc Summary** tab, locate the **Vital Signs** section, and select the **Down Arrow** button.

4. Select **COVID Assessment** from the list.

5. **Result**: The **COVID-19 Assessment** form opens.

6. Document the appropriate information.

7. **Sign** all charting in the form by clicking the **Green Checkmark**. 
Modify, Unchart and Change the Date on a Signed PowerForm

**Note:** This example shows modifying the signed PowerForm in Clinical Notes. The PowerForm can be modified in Form Browser as well.

1. Select Clinical Notes on the Menu.
2. Locate the signed COVID-19 Assessment note to modify.
3. Double-click the title to open the note.
4. Right-click anywhere on the note and select Modify.
5. Make changes to the note.
6. Click Sign.

**Result:** the note displays: “Document Has Been Updated.”

Unchart a Signed PowerForm

1. Click on Form Browser on the Menu.
2. Locate the signed PowerForm to unchart.
3. Right-click over the form name and select Unchart.
4. Enter the reason for uncharting in the pop up box.
5. Click Sign.

**Result:** The PowerForm is marked “In Error” as well as any other result field associated to the form (e.g. Clinical Notes, Results Review).

Change the Date and Time in a Signed PowerForm

**Note:** The Date/time can only be modified once.

1. Click on Form Browser in the Menu.
2. Right-click over the form name and select Change Date/Time.
3. Enter the correct date and time.
4. Enter a comment.
5. Click Sign.
2. How to enter an order for COVID-19 Testing

All staff, including RNs ordering for prescreening testing, should use the **SCCA AMB COVID Testing** PowerPlan to order COVID testing. Do not use the individual order to request a scheduled COVID test for a patient as this creates significant billing, compliance, and lab issues.

Use the individual order for COVID testing ONLY in the following scenarios:
- Adding COVID testing to a different PowerPlan
- Ordering COVID testing for a patient that is in the building and already checked into the encounter where the testing will be collected

**COVID Standing Order RN Job Aid**

- Click +Add Order
- Search COVID
- Select “SCCA AMB COVID Testing”
- On the drop down menu, choose T;N Routine, SYMPTOMATIC

On the next pop-up,
Type the name of the Triage APP of the day
“Non-Practitioner Entered – Cosign”
Diagnosis tab:

- Select the patient’s primary cancer diagnosis

Details tab:

- Click Sign
- Contact TC of the Day to alert them that a patient needs to be called and scheduled
  - TC will then contact the Infusion Triage TC to have order requisition printed.

3. FAQs

COVID-19 Assessment

RNors and Providers will use the COVID-19 Assessment PowerForm in ORCA to document COVID-19 screening, symptom monitoring, and track changes in symptoms. This tool will provide data to better understand COVID-19 in our patient population and measure the impact of care interventions to ensure quality and safety.

When do we start using the COVID-19 Assessment?

- Monday, March 23, 2020

Who uses the COVID-19 Assessment?

- SCCA Outpatient nurses and Providers

When is it used?

- Symptom monitoring, pre-screening, and phone screening
- In person assessments such in the triage center or during appointments

Do I have to document in this note and in another note in ORCA?

- If it is a COVID-19 specific assessment, only document in this note.
- If in-clinic visit/assessment, document as normal
- If you receive a complex phone call which requires a regular note and a COVID-19 Assessment, include “see COVID-19 note” in regular note

How do I chart the COVID-19 Assessment?

- For additional questions, contact ORCA Support: 206-606-7711

Who do I send feedback/change requests to?

- For process questions or feedback on the assessment, talk to your manager or email Salma Walji, Infection Prevention at swalji@seattlecca.org
Respiratory/COVID-19 Symptom Monitoring

Guidance to Care Teams - Home Telephone Monitoring of Patients with Mild Respiratory Symptoms

In an effort to limit transmission of COVID-19 in our ambulatory spaces, SCCA is asking patients with active respiratory symptoms to call the COVID-19 Hotline (206-606-2880) before coming into the clinic. In addition, SCCA is also pre-screening patients by calling them pre-appointment to assure patients with symptoms are identified prior to their arrival.

For those patients with mild respiratory symptoms who are staying at either SCCA or Pete Gross House:

- We recommend that these individuals call their clinical teams to review their symptoms, and to come to clinic or to drive-up for COVID-19 testing.

For all other patients with mild respiratory illness:

Patients with mild respiratory symptoms may have COVID-19, may have another respiratory virus, or they could be experiencing symptoms due to non-infectious causes (e.g. chemotherapy toxicity).

- We encourage these patients to remain at home until their symptoms improve, and to contact their care team to discuss expediency of appointments and whether they need to be seen in clinic (essential) or can be moved to telehealth (non-essential).
- These patients need to be followed by their care teams with daily symptom monitoring by telephone call OR considered for testing according to the SCCA’s testing algorithm.
- Document symptom monitoring in the COVID-19 Assessment PowerForm in ORCA.
- ** If the patient develops shortness of breath, or if there is concern at any time for worsening of respiratory symptoms, the patient should be referred to the clinic for further evaluation or the Emergency Department in acute situations. **Always call the ED prior to sending a patient with respiratory symptoms and unknown COVID-19 status or a patient known to have COVID-19** to ensure they are prepared to receive a patient in appropriate precautions (e.g. droplet/contact isolation).
The duration of symptom monitoring depends on the patient’s COVID-19 test results. Please follow the guidelines below for follow-up:

Patients with a **Negative** COVID-19 Result:

- Patients will be notified of their negative result by email or mail.
- Instruct the patient that if they develop worsening symptoms to let the CNC know or call the COVID-19 hotline at (206) 606-2880. This line is answered daily from 8 am to 5 pm. If the patient has a medical emergency and needs to call 911, instruct them to put on a mask if possible before emergency medical services arrive.

Patients with a **Positive** COVID-19 Result:

- Call the patient daily to monitor symptoms:
  - If symptoms become severe (e.g. acute shortness of breath) or significantly worsen, assessment is needed for a higher level of care. Specifically, such patients may need to be referred to the Emergency Room for further evaluation and inpatient admission. **Please advise patient to wear a mask and contact the ER so that they can plan and isolate the patient accordingly.**
  - If symptoms significantly improve or resolve, daily calls can be discontinued and appointments should be reviewed with care team to determine **when** appointment should be rescheduled.

- Additionally, for patients who test POSITIVE for COVID-19, home isolation should be continued until **ALL** the following criteria are met:

  1. **If patient is able to be retested** to determine if they are still contagious, they can leave home after these three things have happened:
     - no longer have a fever (without the use medicine that reduces fevers) AND
     - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
     - received two negative tests in a row, 24 hours apart.
2. If patient is not able to retest to determine if they are still contagious, they can leave home after these three things have happened:
   - have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
   - other symptoms have improved (for example, when your cough or shortness of breath have improved)
   - at least 7 days have passed since your symptoms first appeared

Note: if symptoms persist at ≥ 14 days, repeat testing should be performed; for these patients 2 negative tests collected ≥ 24 hours apart are required prior to discontinuation of home isolation.

See table below.
Transmission-Based Precautions Summary

<table>
<thead>
<tr>
<th>Disease and Clinical Presentation</th>
<th>Precautions</th>
<th>Criteria to discontinue precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Positive: Symptomatic</td>
<td>Droplet precautions</td>
<td>• At least 14 days since positive test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 72 hours after resolution of fever (without the use of fever-reducing medication)</td>
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<tr>
<td></td>
<td></td>
<td>• Complete resolution of respiratory symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Two negative COVID-19 tests collected ≥24 hours apart^</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*repeat testing should ONLY be performed when patients meet the first three criteria</td>
</tr>
<tr>
<td>COVID-19 Positive: Asymptomatic - never experienced onset of symptoms</td>
<td>Droplet precautions</td>
<td>• At least 14 days since date of positive test result</td>
</tr>
<tr>
<td>(i.e. pre-procedure screening)</td>
<td></td>
<td>• Two negative COVID-19 tests collected ≥24 hours apart^</td>
</tr>
<tr>
<td>COVID-19 Negative: Respiratory symptoms – unknown cause (possible infectious cause)</td>
<td>Droplet precautions</td>
<td>• Asymptomatic for three consecutive days (refer to Standard and Transmission-Based Precautions Policy)</td>
</tr>
<tr>
<td>COVID-19 Negative: Respiratory symptoms – known non-infectious cause (medication side-effect, known side-effect of disease process)</td>
<td>Standard precautions</td>
<td>• n/a</td>
</tr>
</tbody>
</table>

*Effective April 27, 2020, the extended mask use policy requires staff, patients and visitors to wear masks while on premises.
Frequently Asked Questions

What are clinical symptoms of COVID-19?

The most commonly reported symptoms include fever, cough, and shortness of breath, difficulty breathing, wheezing or chest tightness, fatigue, myalgias, chills, sore throat, headache, nasal or sinus congestion, loss of smell or taste, new onset diarrhea, and in some cases nausea and vomiting.

In some cases, there have been reports of worsening symptoms that occur during the second week of illness. There are limited data at this time about clinical symptoms of COVID-19 among patients with cancer and whether symptoms may differ when compared to other patient populations.

What should I do if my patient has a fever?

Please follow your current care team protocol for evaluation and management of fever. It is critical to ensure that patients with fever and other signs of acute illness are appropriately managed according to existing protocols (e.g. neutropenic fever).

My patient does not have fever or shortness of breath but has mild respiratory symptoms. Should I advise the patient to come into clinic to get tested?

- For patients who are staying at SCCA or Pete Gross House, we recommend that these individuals call their clinical teams to review their symptoms, and to come to clinic or to drive-up for COVID-19 testing.

For all other patients with mild respiratory symptoms:

- These patients need to be followed by their care teams with daily symptom monitoring by telephone call OR considered for testing according to the SCCA’s testing algorithm.
- We encourage these patients to remain at home until their symptoms improve, and to contact their care team to discuss expediency of appointments and whether they need to be seen in clinic (essential) or can be moved to telehealth (non-essential).
How frequently should testing for COVID-19 be performed in a patient with negative test results and ongoing respiratory symptoms?

In patients with ongoing mild respiratory symptoms and there remains a concern for a respiratory viral infection, the test should not be repeated more frequently than 7 days from date of the negative test. If there is any change or worsening of symptoms, repeat testing may be considered at an earlier date.

What should I do if my patient has an inconclusive test result?
In some cases, an inconclusive test result may reflect a low level viral load. We recommend that patients with an inconclusive test result have a repeat test performed and that patients be managed as a positive result until results of repeat testing have returned. Repeat testing can be arranged via drive-through testing.
Guidance for Testing Patients with Persistent or Chronic Respiratory Conditions for COVID-19

Cancer patients seen at various locations within the SCCA system with chronic respiratory conditions or persistent respiratory symptoms may be identified through a variety of the pre-screening and/or monitoring workstreams that have been developed to identify patients for COVID-19 and or respiratory virus testing. This guidance serves to assure these patients are not tested too frequently, but that they are also assessed for new or progressive symptoms prior to repeat visits.

For those patients who have been screened and have had a baseline negative test, repeat testing is not always necessary unless it has been 4 weeks since last negative test was performed.

Negative test ≤ 4 weeks from an upcoming visit

1) Pre-appointment reminder email communication from Care Team TC to provider(s) 72 hours prior to visit:

   Subject line: “Action Required – 72 hour review of appointments”

   Review your patient list for the next 72 hours below:

   <insert list of patient names and U#s>

   Please identify which patients must be seen in clinic and which are more appropriate for telemedicine visits. In making this decision, assume that any of these patients may be experiencing respiratory symptoms during their upcoming in-person visit.

2) Pre-appointment screening phone call (2 days prior to visit): RN assesses whether patient’s symptoms are stable or have worsened relative to baseline when prior (negative) test performed. If it is not possible to assess stability of symptoms, proceed as if the patient has worsening symptoms (e.g. plan to repeat test). Follow these steps based on symptom stability:
A. **Stable symptoms**: If patient has a scheduled appointment and the patient’s symptoms are stable since their baseline negative test, repeat COVID-19 testing is not indicated.

B. **Worsening symptoms**: If patient has a scheduled appointment and patient’s symptoms have worsened, **repeat COVID-19 testing** should be performed prior to visit if at all possible. Consider sending extended respiratory virus panel testing in addition to COVID-19 testing. Options for testing:

1) Arrange for pre-appointment drive through testing

OR

2) **IF** unable to arrange pre-appointment drive through testing:
   a. If non-essential visit → schedule telehealth visit or delay visit (*if appropriate)
   b. If essential in-person visit, arrange for patient to be tested at clinic triage. The patient (and their caregiver) should be reminded to wear a cloth mask/face-covering pre-arrival (if possible), masked with a surgical mask on arrival, and seen in droplet/contact precautions (as per Infection prevention policies)

**Negative test > 4 weeks from an upcoming visit**

1) Pre-appointment reminder email communication from Care Team TC to provider(s) 72 hours prior to visit:

   Subject line: “Action Required – 72 hour review of appointments”

   Review your patient list for the next 72 hours below:

   <insert list of patient names and U#s>

   Please identify which patients must be seen in clinic and which are more appropriate for telemedicine visits. In making this decision, assume that any of these patients may be experiencing respiratory symptoms during their upcoming in-person visit.
1) All patients whose last negative test was > 4 weeks prior to visit should have repeat testing performed prior to their visit if patient remains symptomatic. Options for testing:

   I. Arrange for pre-appointment drive through testing

      OR

   II. IF unable to arrange pre-appointment drive through testing:

   a. If non-essential visit → schedule telehealth visit or delay visit (*if appropriate)

   b. If essential in-person visit, arrange for patient to be tested at SLU triage center. The patient (and their caregiver) should be reminded to wear a cloth mask/face-covering pre-arrival (if possible), masked with a surgical mask on arrival, and seen in droplet/contact precautions (as per Infection prevention policies) and table below.

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<tbody>
<tr>
<td>COVID-19 Negative: Respiratory symptoms – unknown cause (possible infectious cause)</td>
<td>Droplet precautions</td>
<td>• Asymptomatic for three consecutive days (refer to Standard and Transmission-Based Precautions Policy)</td>
</tr>
<tr>
<td>COVID-19 Negative: Stable Respiratory symptoms – known non-infectious cause (medication side-effect, known side-effect of disease process)</td>
<td>Standard precautions</td>
<td>• n/a</td>
</tr>
</tbody>
</table>
Continuing Care for COVID-19 Positive Patients

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</tbody>
</table>

Last updated May 5th, 2020, v.2
Infection Prevention Guidance for the Care of Patient with COVID-19

Below is guidance on how to care for SCCA patients who have been confirmed COVID-19 that includes:

1. Scheduling Appointments
2. What to Do Prior to Patient Arrival
3. What to Do Day of the Appointment
4. When to Discontinue Transmission-based Precautions

1. Scheduling of Appointments

- Cancel or reschedule any non-essential appointments.

- Consider telemedicine options when possible.

- If the patient needs to come into the clinic for essential appointments:
  - If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame.

  - Schedule all appointments in the same room (i.e. blood draw, provider appt should occur in the same location).

  - If possible, when radiology imaging is required, scheduled it as the last appointment of the day and notify the department.
Infection Prevention Guidance for the Care of Patient with COVID-19

2. Prior to Patient Arrival

- Patients should be instructed on the steps to minimize exposure when they arrive to the clinic. These instructions include:

  “On the day of your appointment, please:

  1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.

  2. Do not use valet parking.

  3. Caregivers should be limited to one and should wear a mask as well.

  4. Before entering the clinic, call your care team when you arrive to be escorted at the first-floor main or just outside the clinic.

  5. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.

  6. Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.”
3. **Day of the Appointment**

- The patient will be instructed to call the care team upon arrival, where they will be given a mask. Meet the patient in front of the building or the main lobby, ensure the patient is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients. Healthcare worker may wear a surgical mask during transport.

- Patients should wear a mask at all times in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam).

- Patient should be roomed as soon as possible and placed in private room with the door closed as soon as possible.

- Limit the amount of healthcare workers that enter the room as much as possible.

- Healthcare personnel should adhere to **Droplet Precautions including the use of eye protection** (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:
  - Facemask (i.e. surgical mask)
  - Eye protection (i.e. goggles, disposable face shield, or mask with face shield attached)
  - Gown
  - Gloves

- Avoid performing any aerosol-generating procedures
  - Aerosol generating procedures include bronchoscopy, endotracheal intubation, non-invasive positive pressure ventilation, cardiopulmonary resuscitation, suctioning, non-invasive positive pressure ventilation, and nebulizer therapy
  - If an aerosol-generating procedure is necessary it must be performed in an AIIR, while following appropriate infection prevention and control (IPC) practices, including use of appropriate PPE: gown, gloves, NIOSH-approved and fit-tested N95 respirator or greater, and eye protection.

- If required, encourage patient to use single stall restroom and disinfect all high touch surface areas with disinfectant wipes after uses (same process as contact precautions).

- Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer’s instructions before use on another patient.

- After the patient leaves clean the room, including all high touch surface areas with disinfectant wipes. The person cleaning the room should wear gown and gloves.
  - Sani-Cloth AF3, Super Sani-Cloth, Clorox Bleach Wipes, and Clorox Hydrogen Peroxide Wipes are all effective at killing COVID-19
4. **Discontinuing Transmission-based Precautions**

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Criteria to discontinue precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic</td>
<td>• At least 14 days since positive test</td>
</tr>
<tr>
<td></td>
<td>• 72 hours after resolution of fever (without the use of fever-reducing medication)</td>
</tr>
<tr>
<td></td>
<td>• Complete resolution of respiratory symptoms</td>
</tr>
<tr>
<td></td>
<td>• Two negative COVID-19 tests collected ≥24 hours apart^</td>
</tr>
<tr>
<td></td>
<td>*repeat testing should ONLY be performed when patients meet the first three criteria</td>
</tr>
<tr>
<td>Asymptomatic - never experienced onset of symptoms (i.e. pre-procedure screening)</td>
<td>• At least 14 days since date of positive test result</td>
</tr>
<tr>
<td></td>
<td>• Two negative COVID-19 tests collected ≥24 hours apart^</td>
</tr>
</tbody>
</table>

^COVID-19 positive patients with infrequent visits (once or twice a year, for example) and who are not on active chemo, RadOnc, or other high risk treatment regimens can be removed from precautions with one negative test so long as it has been ≥3 months since their last positive test.

Preferably retesting is done via Drive-Thru testing. Schedule drive-thru testing per normal protocol.

To remove EPIC precaution flag, contact the Infection Prevention team at ip@seattlecca.org
Essential Visits for COVID-19+ Patients:

Each case should be considered carefully for a decision about an essential visit.

General criteria for assessing risks:
1. New or follow up patients who require standard services/treatment within a 14-day time frame.
2. Patients who need to continue treatment with outpatient chemotherapy or immunosuppressive therapy despite the potential to seriously exacerbate an active COVID-19 infection.
3. Patients not amenable to telehealth visits for care throughout the entire 14-day timeframe.
4. Patients who are not medically emergent but cannot be delayed without negatively impacting their cancer-related outcome. Categories/examples include:
   a. BMT/Cell based immunotherapy patients on active treatment requiring close in person monitoring multiple times per week.
   b. Patients undergoing curative therapy where a two-week delay in treatment would impact cure rate or survival (e.g. Burkitt’s lymphoma, newly diagnosed AML, metastatic testis cancer.)
   c. Patients on immunosuppressive therapy who require frequent in person monitoring for side effects, complications, drug levels, etc.
   d. Patients on outpatient intravenous antibiotics who require continued outpatient infusions including drug levels that cannot be modified for home care or telehealth visits.
   e. Patients who require frequent blood product support according to transfusion guidelines or modified guidelines as clinically appropriate.

If symptoms and signs of infection or assays remain positive beyond 14 days (see criteria for determining resolution of COVID-19), patients will be reassessed according to the criteria above.

Non-Essential Visits for COVID-19+ Patients:

Each case should be considered carefully for a decision about postponing a visit or treatment. Non-essential visits are defined as those visits that may be postponed for 14 days or greater and/or managed by telehealth.

1. Patients who are generally healthy and have non-life-threatening conditions where delay is unlikely to impact cancer-related outcome (e.g. low-risk cancers, asymptomatic surveillance patients)
2. Patients in whom chemotherapy or other treatments could exacerbate infection with COVID-19.
3. Patients where risk of harm from infection exceeds the short-term benefit of chemotherapy or other treatment.
4. Patients who are receiving treatment that can be postponed without a major likely effect on survival.
5. Patient who can undergo a substitute treatment that can be administered at home without a major likely effect on survival.
6. Palliative care visits.
7. Patients with active COVID-19 infections who are stable and can be managed with frequent telehealth or telephone check ins.

Potential Hospital Admissions for COVID-19+ Patients:

Each case should be considered carefully for a decision about a hospital admission.

1. Patients who are deemed critical and require services/treatment due to an unstable clinical situation, unbearable pain and/or life-threatening condition (e.g. cord compression, malignant tumor bleeding, SVC syndrome)
2. Patients who develop complications requiring hospitalization and are not candidates for outpatient care (e.g. fever and neutropenia, progressive pneumonia, increasing oxygen requirements.)
Modality Specific Guidelines

Radiation Oncology (as of 04.01.2020)

1. Asymptomatic patient with known exposure (such as positive household member)
   - Treated as standard without droplet precautions
2. Symptomatic patient with unknown status (i.e. pending test results)
   - Treated with droplet precautions
3. COVID-19+ patients
   - Treated with droplet precautions
4. Patients who have recovered from COVID-19
   - Treated with standard approach

SCCA/UW Department of Radiation Oncology has a patient prioritization system (1-3) in place for a COVID-19 surge. Additionally, most consults have been converted to telehealth, unless not feasible for the patient
   a. Priority 1 and 2 patients will start treatment as per standard of care
   b. Priority 3 patients will have radiotherapy treatment deferred per disease-site algorithm
   c. Return visits/follow-ups for patients without active issues will be deferred by 3 months

Surgical Oncology (as of 04.01.2020)

Each disease group has triage guidelines and criteria in place specific to that disease. In general, the recommendation is to continue with most cancer surgeries with the view that it is urgent but to consider postponing surgery for individuals with indolent cancers. Surgeons are also suggested to consider postponement of individual patients for patient specific reasons (e.g. low impact of surgery on survival, high likelihood of prolonged ICU care, etc.) Multidisciplinary teams are also considering appropriate use of neoadjuvant therapies that may delay urgency of surgical intervention, where appropriate.

Examples of “non-essential” (ability to postpone) cancer surgeries are as follows:

**Breast:** DCIS (postponing surgery, initiating endocrine therapy for ER+ patients); Invasive Breast Cancer ER+/HER2-
patients with T1 (some T2) and N0 disease (postponing surgery, recommending endocrine therapy and/or consideration of pre-op chemo based on oncotype/mammmaprint)

**Endocrine:** Papillary thyroid carcinoma

**Gastrointestinal:** Asymptomatic PNET, GIST

**Genitourinary:** many robotic-assisted laparoscopic prostatectomy (RALPs) and low-grade transurethral resection of bladder tumor (TURBTs)

**Renal:** small masses, select mid-size masses (assessed on case-by-case basis)

**Sarcoma:** newly diagnosed truncal/extremity well-differentiated liposarcomas and low grade-lesions with low metastatic risk (all assessed on a case-by-case basis); Also considering appropriate use of neoadjuvant therapies that may delay urgency of surgical intervention in high grade lesions with high metastatic risk

**Skin:** Low-risk T1 melanoma; Melanoma in situ

**Thoracic:** Lung Ground Glass Opacities
In-Person vs. Telehealth Guidelines

Providers are asked to instruct TCs and PCCs as to which visits, new and established, are appropriate for telehealth. If a patient would meet criteria for telehealth except for having technology to allow a telehealth visit, then patient could be evaluated via a telephone visit.

**IN-PERSON**: Patients who need to be seen in-person by the provider

1. Clinical situation that requires physical examination to support clinical decision-making, including:
   a. Patients receiving chemotherapy (i.e. adjuvant curative chemotherapy, palliative chemotherapy in the context of advanced disease)
   b. Surgical planning prior to intervention
   c. Radiotherapy planning prior to start of radiation

**TELEHEALTH**: Consults that can be conducted via telehealth.

1. Follow-up care where the physical exam is not essential to decision making
2. Key physical exam or imaging findings may be obtained by other means (e.g., PACS, photos, etc.)
3. Ability to be served closer to home (if under the care of another provider)
4. No concerning symptoms of recurrence/progression and can have restaging scans closer to home
### Standard Work Activity Sheet
**COVID-19 Patient Positive Report**

**Author(s):** Infection Prevention, Clinic Leadership  
**Rev Date:** 04/17/2020

**Purpose:** Overview of Positive Patient Report  
**Outcome:** Positive Patient successfully taken to and from appointments.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>
| Data Sources   | Line List: COVID-19 Positive Patients  
Epic Scheduled Appointment Date: Scheduled appointments |
| Frequency      | Monday – Sunday, every morning ~10:15 am                                      |

**Distribution List**
- Randall McClure
- Tony Horton
- Kim Koegel
- Bonnie Thursten
- Larisa Toderas
- Elise Barrett
- Taylor Matsumura
- Jovanna McKinney
- Kelley Armstrong
- Danielle Berry
- Renee Grass-Rotness
- Melita Williams
- Trisha Marsolini
- Sarah Kimbrough
- Amelia Sherinski
- Naomi Heinecke
- Infusion Services-CTU Leadership
- Suni Elgar
- 6th Floor Transplant Charge Nurse
- Sarah Schwen
- IMTX Charge Nurse
- Jennifer Phan
- Kirssy Vargas
- Steve Reusser
- Linda Ross
- Justin DeMars
- Sharon Rockwell
- Paul Helmuth
**Standard Work Activity Sheet**  
*Infection Prevention Guidance for the Care of Patient with COVID-19*

**Purpose:** Guidance on how to transport a COVID-19 positive patient through SCCA Main Clinic.  
**Outcome:** Positive Patient successfully taken to and from appointments.

**Author(s):** Infection Prevention, Naomi Heinicke  
**Rev Date:** 05/05/2020

**Scope:** SCC Main Clinic  
1. Patient arrival

<table>
<thead>
<tr>
<th>Step #</th>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(When)</strong></td>
<td><strong>(What)</strong></td>
<td><strong>(Who)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Day Prior to Appointment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Inform screeners of next day or weekend positive appointments</td>
<td>At the end of the workday, shared resources manager will provide list of positive patient appointments for the next day or weekend.</td>
<td>Naomi Heinicke</td>
</tr>
<tr>
<td><strong>Day of Appointment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Screen patient upon arrival and provide mask</td>
<td>Greet the patient and provide the patient with a surgical mask. If the patient has a cloth or homemade mask, instruct the patient to perform hand hygiene, take off personal mask and place into paper bag, don surgical mask and perform hand hygiene.</td>
<td>Screeners</td>
</tr>
<tr>
<td>2</td>
<td>Escort patient to waiting area until transport team is able to arrive.</td>
<td>If the transport team not there yet to escort the patient, escort the patient to the triage area and instruct the patient to please wait for the transport team. Ensure that the patient was able to contact the transport team – otherwise help by calling them at Transport phone #1 206-473-2751</td>
<td>Transport Team</td>
</tr>
</tbody>
</table>
**SCCA MAIN CLINIC - TRANSPORT TEAM**

### Standard Work Activity Sheet

**Infection Prevention Guidance for the Care of Patient with COVID-19**

**Author(s):** Infection Prevention, Naomi Heinicke  
**Rev Date:** 04/09/2020

**Purpose:** Guidance on how to transport a COVID-19 positive patient through SCCA Main Clinic.  
**Outcome:** Positive Patient successfully taken to and from appointments.

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>8:00 am – 4:30 pm</th>
</tr>
</thead>
</table>
| Capacity           | 2 NAC M-Th and 1 on Friday  
Able to each transport/escort one patient at a time |
| Contact Info       | Transport phone #1 206-473-2751  
Transport phone #2 206475-4695 |

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner</th>
</tr>
</thead>
</table>

#### Day of Appointment

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td>Patient call transport phone #1 206-473-2751</td>
<td>Transport Team</td>
</tr>
</tbody>
</table>

2. Meet the patient in front of the building or the main lobby, ensure the patient and caregiver is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients.  
*permission to prioritize service elevator usage

Healthcare worker may wear a surgical mask during transport.  
If a positive COVID-19 patient comes to clinic with homemade mask/bandana, please make sure that they (the patient and their caregiver) are provided a surgical mask. They can be found at the screening stations in the front lobby.  
Where are you escorting patient?  
- 1st Floor  
  - Rad Onc: through main clinic doors; Therapist will direct you to vault, changing room 5, or 4  
- 2nd Floor  
  - 2nd Floor: Front desk will notify Transport Team where to take patient  
- 3rd and 4th Floor  
  - 3rd floor: Exam room 21  
  - 4th floor: Exam room 10  
- 5th floor  
  - Infusion Bay #27 (backup #28), Negative Pressure Room #25 and #28  
- 6th Floor  
  - BMT: 6th Floor Front Desk will inform Transport Team of room  
  - IMTX: IMTX Charge Nurse will inform Transport Team of room
<table>
<thead>
<tr>
<th></th>
<th>Should you call anyone prior to bringing patient to destination?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 1st Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Rad Onc: 206-606-2141</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2nd Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o 2nd Floor: Call Front Desk on 2nd Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>206-606-7200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3rd and 4th Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Breast Imaging: 206-606-7410</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o 3rd and 4th floor: Martin Aguilar or Shalin Dutt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 5th floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Call 5th floor front desk 206-606-7500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 6th Floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o BMT: Call BMT Front Desk 206-473-2751</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o IMTX: Call IMTX Front Desk 206-606-6000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Label door with droplet precautions signage</th>
<th>Transport Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Complete scheduled appointment activity</td>
<td>Care Team</td>
</tr>
<tr>
<td>4</td>
<td>Page Transport Team to escort patient</td>
<td>Clinic</td>
</tr>
<tr>
<td>5</td>
<td>Escort patient out of clinic or to follow on appointment (via service elevators)</td>
<td>Transport Team</td>
</tr>
</tbody>
</table>
### Standard Work Activity Sheet

**Infection Prevention Guidance for the Care of Patient with COVID-19**

**Purpose:** Guidance on how to care for patient at SCCA that have been confirmed COVID-19.

**Outcome:** Positive Patient successfully cared for.

**Scope:** 1st Floor – Radiation Oncology

1. Scheduling of Appointments
2. Prior to Patient Arrival
3. Day of the Appointment

### Step # (When) | Task Description (What) | Additional Details | Owner (Who)
--- | --- | --- | ---

#### Every Morning

1. Send positive patient report to Tony Horton and Randall McClure
   - Positive Patient Report (note: refreshes from night before)
   - Clinical Analytics

#### Coordinating Care

1. Discussion to determine treatment/appointments moving forward
   - Attending provider and medical director

2. Cancel or reschedule any non-essential appointments.
   - TC

3. **Schedule appointments**
   - **Rad Onc**
     - **Note:** TCs make “COVID-19 Positive” note in scheduled appointments.
     - If the patient needs to come into the clinic for essential appointments:
       - If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame
       - Schedule all appointments to occur in the same room (i.e. blood draw, provider appt should occur in the same location)
       - If possible, when radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified (email communication to Imaging scheduling team include “positive COVID-19 patient”)
   - TC/RTT

4. Prior to patient arrival, give patient instructions on arrival.
   - **On the day of your appointment, please:**
     1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic.
        If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.
     2. Do not use valet parking.
        Please do not have your caregiver(s) accompany
   - TC
you into the clinic. If you absolutely need a caregiver come with you into the clinic they will have to wait for in a separate room and wear a mask.

4. Before entering the clinic:
   a. (If Rad Onc appointment first) call nurse at 206-606-2141 when you arrive and wait outside until vault is available. An RTT will meet you outside the North Stairwell exit door.
   b. (If appointment in non-Rad Onc location (i.e. infusion)) call the SCCA transport Team (Transport phone #1 206-473-2751) when you arrive to be escorted at the first-floor main or just outside the clinic.

If you are coming with a caregiver:
- please call the TT # when you pull in to the “turn around”
- Wait in the car until the TT member come out to escort you.

If you will NOT be accompanied by a caregiver or family member:
- Park in the garage
- Call TT # as soon as you get up to the first floor
- Identify to the screeners that you are COVID + and are meeting the TT to be escorted to your appt.
- The screener will direct you to a waiting area.

5. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.
3. Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.”

<table>
<thead>
<tr>
<th></th>
<th>Coordinate schedule of positive patient appointments with transport team so they are waiting for patient at arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>In schedule tell Transport team where the patient is going.</td>
</tr>
</tbody>
</table>

Naomi
### Day of Appointment

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(30 min prior to scheduled treatment) Huddle with MD and team representatives to review care plan</td>
<td>MD and team representatives</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Receive call from patient upon arrival</td>
<td>Rad Onc RN or Transport Team *dependent on types of appointments</td>
<td></td>
</tr>
</tbody>
</table>
| 3 | **Transport Patient (If Rad Onc Appt first and/or only):** Preference 1: Instruct patient to be dropped off in the circle drive at the North Stairwell exit door. Meet patient outside and escort them directly to vault, changing room 5 or 4. Preference 2: Patient parks in level A temporary parking and waits for therapist to arrive for escort. Escort patient directly to vault, changing room 5, or 4. | Where are you escorting patient?  
• Rad Onc - Therapist escorts patient from North Stairwell exit directly to vault, changing room 5, or 4.  
Who does the patient call?  
• RadOnc – 206-606-2141 | RTT |
| 4 | **Transport Patient (If using Transport Team to bring patient from another appointment):** Meet the patient at their destination. Escort the patient to their next destination and use the service elevator to avoid sharing an elevator with other patients. *permission to prioritize service elevator usage | Healthcare worker may wear a surgical mask during transport.  
Where are you escorting patient?  
• Rad Onc - Therapist escorts patient directly to vault, changing room 5, or 4.  
Should transport team call anyone prior to bringing patient up?  
Rad Onc – Nursing Office 206-606-2141 | Transport Team |
<p>| 5 | Label door with droplet precautions signage |  | RTT |</p>
<table>
<thead>
<tr>
<th></th>
<th>Complete scheduled appointment activity</th>
<th>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Patients are discouraged to have caregiver(s) accompany them into clinic for treatment. If caregiver must then they will wait in changing room 5 of the Rad Onc department. Healthcare personnel should adhere to <strong>Standard, Contact, and Droplet Precautions, including the use of eye protection</strong> (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. If possible, give patient own bathroom. If not possible, clean after use.</th>
<th>RTT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Escort patient out of clinic</td>
<td></td>
<td>RTT</td>
</tr>
<tr>
<td>8</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>RTT</td>
</tr>
</tbody>
</table>
## Standard Work Activity Sheet

**Infection Prevention Guidance for the Care of Patient with COVID**  

**Purpose:** Guidance on how to care for patient at SCCA that have been confirmed COVID-19.  

**Outcome:** Positive Patient successfully cared for.  

**Author(s): Infection Prevention, Kim Koegel**  

**Rev Date:** 05/05/2020  

**Scope:** 2nd floor (Medical Imaging, Procedure Suite and PFT) and 3rd floor (Breast Imaging)  

1. Scheduling of Appointments

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description (What)</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
</table>
| 1 Every Morning | Send positive patient report to 2nd and 3rd floor (Breast Imaging) leadership: Kim Koegel, Bonnie Thursten, Larisa Toderas, Elise Barrett, Taylor Matsumura, Jovanna McKinney, Kelley Armstrong, Renee Grass-Rotness | Positive Patient Report (note: refreshes from night before)  
Report send at ~9:00 am – 9:15 am | Clinical Analytics |
| 2 | At Procedure Suite/Imaging morning huddle review any COVID-19 Positive Patient | Will review report from day before as huddle is at 8:00 am | PS/Imaging Huddle Lead |

### Coordinating Care

1 Discuss with Care Team to determine if appointment necessary (Imaging and procedure) | Proceduralist or Radiologist call Care Team |

2 Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible. | Care Team TCs and Imaging/PS PCCs |

3 Schedule appointments | Aerosol generating procedures must be performed in an AIIR – work with Infusion TCs to schedule.  
If the patient needs to come into the clinic for essential appointments:  
- If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame  
- Schedule all appointments to occur in the same room (i.e. blood draw, provider appt should occur in the same location)  
If possible, when radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified (email communication to Imaging scheduling team include “positive COVID-19 patient”) | Care Team TC and Imaging/PS PCCs |
|   | Prior to patient arrival, give patient instructions on arrival. | “On the day of your appointment, please:  
1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.  
2. Do not use valet parking.  
3. Caregivers should be limited to one and should wear a mask as well.  
4. Before entering the clinic, call the SCCA transport team (Transport phone #1 206-473-275) when you arrive to be escorted.  
   If you are coming with a caregiver:  
   • please call the TT # when you pull in to the “turn around”  
   • Wait in the car until the TT member come out to escort you.  
   If you will NOT be accompanied by a caregiver or family member:  
   • Park in the garage  
   • Call TT # as soon as you get up to the first floor  
   • Identify to the screeners that you are COVID + and are meeting the TT to be escorted to your appt.  
   • The screener will direct you to a waiting area.  
5. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.  
6. Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.”  
   Note: If outside of Transport Team hours of operation, patient should call department of care and team member will escort patient. | Care Team TC |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Coordinate schedule of positive patient appointments with transport team so they are waiting for patient at arrival</td>
<td>In schedule tell Transport team where the patient is going (i.e. 3rd floor)</td>
</tr>
<tr>
<td>Step # (When)</td>
<td>Task Description (What)</td>
<td>Additional Details</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Day of Appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td></td>
</tr>
</tbody>
</table>
| 2 | Meet the patient in front of the building or the main lobby, ensure the patient is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients. | Healthcare worker may wear a surgical mask during transport. Gown is not needed during transport. Where are you escorting patient?  
• 2nd floor front desk will notify Transport Team where to take patient  
• 3rd floor front desk will notify Transport Team where to direct Breast Imaging patients  
• Should transport team call anyone prior to bringing patient up?  
  • 2nd Floor: Call Front Desk on 2nd Floor at 206-606-7200  
  • 3rd Floor Breast Imaging: Call Breast Imaging at 206-606-7410 | Transport Team |
<p>| 3 | Review room assignment form area manager/supervisor. If no room assignment call appointment department and determine where to send patient | | Front Desk |
| 4 | Direct Transport Team where to take patient | | Front Desk |
| 5 | Prep patient check in functions and hand off to nurse or tech assigned to patient | Check patient in via EPIC, print label and gather supplies for arm bands, prep any necessary forms, etc. | Front Desk |
| 6 | Label door with droplet precautions signage | | Transport Team |
| 7 | Complete patient check in activities | | Nurse or Tech |
| 8 | Complete scheduled appointment activity | Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to Standard, Contact, and Droplet Precautions, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. | Nurse or Tech |</p>
<table>
<thead>
<tr>
<th></th>
<th>9</th>
<th>Page Transport Team to escort patient</th>
<th>Patient wait in room</th>
<th>Nurse or Tech with patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Escort patient out of clinic room or to follow on appointment (via service elevators)</td>
<td>Note: If outside of Transport Team hours of operation Imaging or Procedure Suite team member will escort patient.</td>
<td>Transport Team</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>Standard per area</td>
<td></td>
</tr>
</tbody>
</table>
**Standard Work Activity Sheet**  
*Infection Prevention Guidance for the Care of Patient with COVID-19*

**Purpose:** Guidance on how to care for patient at SCCA that has been confirmed COVID-19.  
**Outcome:** Positive Patient successfully cared for.

**Scope:** 3rd and 4th floor  
1. Scheduling of Appointments  
2. Prior to Patient Arrival  
3. Day of the Appointment

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description (What)</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Every Morning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1 | Send positive patient report to 3rd and 4th floor nurse managers: Danielle Berry, Melita Williams, Trisha Marsolini, Sarah Kimbrough, Amelia Sherinski and Naomi Heinecke | Positive Patient Report (note: refreshes from night before)  
Send every morning, prior to 9:45 am daily manager huddle 3rd and 4th floor | Clinical Analytics |
| 2 | Review at daily manager huddle 9:45 am, make assignments for coordination | Included in huddle: all managers 3rd and 4th floor  
• Each nurse manager responsible for assigned patient appointments | Naomi |

**Coordinating Care**

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description (What)</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.</td>
<td></td>
<td>TC and nurse manager</td>
</tr>
</tbody>
</table>
| 2 | Schedule appointments | If the patient needs to come into the clinic for essential appointments:  
  o If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame  
  o Schedule all appointments to occur in the same room (i.e. blood draw, provider appt should occur in the same location)  
  o If possible, when radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified (email communication to Imaging scheduling team include “positive COVID-19 patient)  
  o Add to appointment notes one of the designated exam rooms is needed: exam room 21 on the 3rd floor and exam room 10 on the 4th floor | TC |
## SCCA MAIN CLINIC - THIRD AND FOURTH FLOOR

| 3 | Prior to patient arrival, give patient instructions on arrival. | “On the day of your appointment, please:

1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.

2. Do not use valet parking.

3. Caregivers should be limited to one and should wear a mask as well.

Before entering the clinic, call the SCCA transport team ([Transport phone #1 206-473-275](tel:1-206-473-275)) when you arrive to be escorted.

**If you are coming with a caregiver:**

- please call the TT # when you pull in to the “turn around”
- Wait in the car until the TT member come out to escort you.

**If you will NOT be accompanied by a caregiver or family member:**

- Park in the garage
- Call TT # as soon as you get up to the first floor
- Identify to the screeners that you are COVID + and are meeting the TT to be escorted to your appt.
- The screener will direct you to a waiting area.

4. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.

5. Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.” | TCs |

| 4 | Coordinate schedule of positive patient appointments with transport team so they are waiting for patient at arrival | In schedule tell Transport team where the patient is going (i.e. 3rd floor) | Naomi |
## SCCA MAIN CLINIC - THIRD AND FOURTH FLOOR

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description (What)</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day of Appointment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td></td>
<td>Transport Team</td>
</tr>
<tr>
<td>2</td>
<td>Meet the patient in front of the building or the main lobby, ensure the patient is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients. *permission to prioritize service elevator usage</td>
<td>Healthcare worker may wear a surgical mask during transport. Where are you escorting patient? • 3rd floor: Exam room 21 • 4th floor: Exam room 10 Should transport team call anyone prior to bringing patient up? • 3rd and 4th floor: Call Martin Aguilar or Shalin Dutt</td>
<td>Transport Team</td>
</tr>
<tr>
<td>3</td>
<td>Label door with droplet precautions signage</td>
<td></td>
<td>Transport Team</td>
</tr>
<tr>
<td>4</td>
<td>Patient handoff from transport team to hallway team</td>
<td><em>Hallway team ensures appropriate rooms are available for patient</em></td>
<td>Transport Team to</td>
</tr>
<tr>
<td>5</td>
<td>Complete scheduled appointment activity</td>
<td>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to Standard, Contact, and Droplet Precautions, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection.</td>
<td>Care Team (as scheduled)</td>
</tr>
<tr>
<td>6</td>
<td>Last person with patient, inform hallway team patient is good to leave</td>
<td></td>
<td>Care Team (as scheduled)</td>
</tr>
<tr>
<td>7</td>
<td>Page Transport Team to escort patient</td>
<td>Patient wait in clinic room</td>
<td>Hallway Team</td>
</tr>
<tr>
<td>8</td>
<td>Escort patient out of clinic room or to follow on appointment (via service elevators)</td>
<td></td>
<td>Transport Team</td>
</tr>
<tr>
<td>9</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>Hallway Team</td>
</tr>
</tbody>
</table>
**Standard Work Activity Sheet**  
*Infection Prevention Guidance for the Care of Patient with COVID-19*

**Purpose:** Guidance on how to care for patient at SCCA that have been confirmed COVID-19.  
**Outcome:** Positive Patient successfully cared for.

**Scope:** 5th Floor  
1. Scheduling of Appointments  
2. Prior to Patient Arrival  
3. Day of the Appointment

<table>
<thead>
<tr>
<th><strong>Step #</strong> (When)</th>
<th><strong>Task Description</strong> (What)</th>
<th><strong>Additional Details</strong></th>
<th><strong>Owner</strong> (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Every Morning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1                | Send positive patient report to 3rd and 4th floor nurse managers (includes Naomi, Sarah K, Amelia, Trisha, Danielle Berry, Infusion CTU Leadership distribution list) | Positive Patient Report (note: refreshes from night before)  
Send every morning, prior to 9:45 am daily manager huddle 3rd and 4th floor | Clinical Analytics |
| 2                | Review at daily manager huddle 9:45 am, make assignments for coordination | Included in huddle: all managers 3rd and 4th floor  
• Each nurse manager responsible for assigned patient appointments | Naomi |
| 3                | If any Positive Patient appt in Infusion, check in with nurses individually |                       | Infusion point person (rotating position) |

**Coordinating Care**

<table>
<thead>
<tr>
<th><strong>Step #</strong> (When)</th>
<th><strong>Task Description</strong> (What)</th>
<th><strong>Additional Details</strong></th>
<th><strong>Owner</strong> (Who)</th>
</tr>
</thead>
</table>
| 1                | Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible. | Note: TCs make “COVID-19 Positive” note in scheduled appointments.  
If the patient needs to come into the clinic for essential appointments:  
• If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame  
• Schedule all appointments to occur in the same room (i.e. blood draw, provider appt should occur in the same location)  
• If possible, when radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified (email communication to Imaging scheduling team include “positive COVID-19 patient”) | TC and nurse manager |
| 2                | Schedule appointments  
• Infusion Bay, #27  
• Backup, Infusion Bay #28  
• Negative pressure room, #25 and #28 |                       | TC |
|   | Prior to patient arrival, give patient instructions on arrival. | “On the day of your appointment, please:  
1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.  
2. Do not use valet parking.  
3. Caregivers should be limited to one and should wear a mask as well. Before entering the clinic, call the SCCA transport team (Transport phone #1 206-473-275) when you arrive to be escorted.  

If you are coming with a caregiver:  
- please call the TT # when you pull in to the “turn around”  
- Wait in the car until the TT member come out to escort you.  

If you will NOT be accompanied by a caregiver or family member:  
- Park in the garage  
- Call TT # as soon as you get up to the first floor  
- Identify to the screeners that you are COVID + and are meeting the TT to be escorted to your appt.  
- The screener will direct you to a waiting area.  

4. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.  
5. Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.” | TCs |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Coordinate schedule of positive patient appointments with transport team so they are waiting for patient at arrival</td>
<td>In schedule tell Transport team where the patient is going (i.e. 3rd floor)</td>
<td>Naomi</td>
</tr>
<tr>
<td>Step # (When)</td>
<td>Task Description</td>
<td>Additional Details</td>
<td>Owner (Who)</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td>Note: If outside of Transport Team hours of operation, patient should call 5th floor charge nurse 206-606-2157, and charge nurse will escort patient.</td>
<td>Transport Team</td>
</tr>
</tbody>
</table>
| 2             | Meet the patient in front of the building or the main lobby, ensure the patient is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients. | Healthcare worker may wear a surgical mask during transport. Where are you escorting patient?  
• 5th floor: Infusion Bay #27 (backup #28), Negative Pressure Room #25 and #28  
Should transport team call anyone prior to bringing patient up?  
• 5th floor: Call 5th floor front desk 206-606-7500 | Transport Team |
| 3             | Check in patient over the phone and facilitate directing the transport team to Bay #27 | Note: If outside of Transport Team hours of operation, patient should call 5th floor charge nurse 206-606-2157, and charge nurse will escort patient. | Front desk |
| 4             | Label door with droplet precautions signage |  | Transport Team |
| 5             | Notify nurse patient is in bay |  | Front desk |
| 6             | Complete scheduled appointment activity | Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Caregiver can stay in room with patient.  
Healthcare personnel should adhere to **Standard, Contact, and Droplet Precautions, including the use of eye protection** (e.g., goggles or a face shield) when caring for patients with COVID-19 infection.  
If possible, give patient own bathroom. If not possible, clean after use. | Care Team (as scheduled) |
| 7             | Page Transport Team to escort patient | Patient wait in clinic room | Nurse |
| 8             | Escort patient out of clinic room or to follow on appointment (via service elevators) | Note: If outside of Transport Team hours of operation NAC will escort patient. | Transport Team |
| 9             | Clean room | The person cleaning the room should wear gown and gloves. | NAC |
**Standard Work Activity Sheet**

*Infection Prevention Guidance for the Care of Patient with COVID-19*

**Purpose:** Guidance on how to care for patient at SCCA that has been confirmed COVID-19.

**Outcome:** Positive Patient successfully cared for.

**Scope:** 6th Floor (BMT and IMTX)
1. Scheduling of Appointments
2. Prior to Patient Arrival
3. Day of the Appointment

<table>
<thead>
<tr>
<th>Step #</th>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Every Morning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Send positive patient report to 6th floor management (Suni Elgar, 6th Floor Transplant Charge Nurse, Sarah Schwen, and IMTX Charge Nurse)</td>
<td>Positive Patient Report (note: refreshes from night before)</td>
<td>Clinical Analytics</td>
</tr>
<tr>
<td><strong>Coordinating Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.</td>
<td></td>
<td>TC and Charge Nurse</td>
</tr>
</tbody>
</table>
| 2 | Schedule appointments
  - BMT
  - IMTX | Note: TCs make “COVID-19 Positive” note in scheduled appointments.
  If the patient needs to come into the clinic for essential appointments:
  o If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame
  o Schedule all appointments to occur in the same room (i.e. blood draw, infusion(s), provider appt should occur in the same location)
  o If possible, when radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified (email communication to Imaging) | TC |
| 3 | Prior to patient arrival, give patient instructions on arrival via phone. | "On the day of your appointment, please:
  1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have a mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Masks are available at the front entrances by our screeners, please ask for one when you arrive.
  2. Do not use valet parking.
  3. Caregivers should be limited to one and should | TC and Charge RN |
wear a mask as well. Before entering the clinic, call the SCCA transport team (Transport phone #1 206-473-275) when you arrive to be escorted.

**If you are coming with a caregiver:**
- please call the TT # when you pull in to the “turn around”
- Wait in the car until the TT member come out to escort you.

**If you will NOT be accompanied by a caregiver or family member:**
- Park in the garage
- Call TT # as soon as you get up to the first floor
- Identify to the screeners that you are COVID + and are meeting the TT to be escorted to your apt.
- The screener will direct you to a waiting area.

4. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.
5. Please contact your care team for questions about how long you will need to follow these instructions.”

Note: If outside of Transport Team hours of operation, patient should call department of care (BMT Front Desk 206- 606-7600 or IMTX Front Desk 206-606-6000) and team member will escort patient.

<table>
<thead>
<tr>
<th>Step # (When)</th>
<th>Task Description (What)</th>
<th>Additional Details</th>
<th>Owner (Who)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td>Note: If outside of Transport Team hours of operation, patient should call department of care (BMT Front Desk 206-606-7600 or IMTX Front Desk 206-606-6000) and team member will escort patient.</td>
<td>Transport Team</td>
</tr>
<tr>
<td>4</td>
<td>Coordinate schedule of positive patient appointments with transport team so they are waiting for patient at arrival</td>
<td>In schedule tell Transport team where the patient is going (i.e. 3rd floor)</td>
<td>Naomi</td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td>Additional Information</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>
| 2 | Meet the patient in front of the building or the main lobby, ensure the patient and caregiver is masked. Escort the patient (in and out of the clinic) and use the service elevator to avoid sharing an elevator with other patients.  
*permission to prioritize service elevator usage | Healthcare worker may wear a surgical mask during transport.  
Where are you escorting patient?  
- BMT: 6th Floor Front Desk will inform Transport Team of room  
- IMTX: IMTX Charge Nurse will inform Transport Team of room  
Should transport team call anyone prior to bringing patient up?  
- BMT: Call BMT Front Desk 206-606-7600  
- IMTX: Call IMTX Front Desk 206-606-6000 | Transport Team |
| 3 | Call BMT Front Desk or IMTX Front Desk to alert of pt arrival | | Transport Team |
| 4 | Check in patient over the Phone, facilitate directing the transport team to designated room (BMT) or designated care suite in IMTX, and provide patient ID band | | 6th Floor Front Desk or IMTX Front desk |
| 5 | Label door with Droplet Precautions signage | | Transport Team |
| 6 | Complete scheduled appointment activity | Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Caregiver can stay in room with patient.  
Healthcare personnel should adhere to Droplet Precautions when caring for patients with COVID-19 infection. | | Care Team (as scheduled) |
<p>| 7 | Call Transport Team to escort patient | Patient waits in clinic room | Nurse/MA |
| 8 | Escort patient out of clinic or to next appointment if applicable (via service elevators) | | Transport Team |
| 9 | Clean room | The person cleaning the room should wear gown and gloves. | RN or MA |</p>
<table>
<thead>
<tr>
<th>Step #</th>
<th>Task Description</th>
<th>Additional Details</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Every Morning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Send positive patient report to Community Site Leadership: Jennifer Phan, Krissy Vargas, Steve Reusser, Linda Ross, Justin DeMars, Sharon Rockwell, Paul Helmuth</td>
<td>Positive Patient Report (note: refreshes from night before) sent around 10:00 am</td>
<td>Clinical Analytics</td>
</tr>
<tr>
<td>2</td>
<td>Call patient and screen for symptoms. If symptomatic their appointment will need to be assessed if essential or non-essential</td>
<td></td>
<td>PCC</td>
</tr>
<tr>
<td>3</td>
<td>Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.</td>
<td></td>
<td>PCC and RN</td>
</tr>
<tr>
<td>4</td>
<td>Schedule appointments</td>
<td>If the patient needs to come into the clinic for essential appointments: o If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame o Include in patient appointment notes “COVID-19 patient”</td>
<td>PCC</td>
</tr>
<tr>
<td>5</td>
<td>Prior to patient arrival, give patient instructions on arrival.</td>
<td>“On the day of your appointment, please: 1. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. 2. Caregivers should be limited to one and should wear a mask as well. 3. When you arrive onsite, prior to entering the clinic building, call the SCCA NWH front desk (206-606-5800) when you arrive. A staff member in</td>
<td>PCC</td>
</tr>
</tbody>
</table>
droplet precaution PPE will meet you at the clinic entrance and take your directly to a room.
4. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.
5. Please contact your care team for questions you may have about how long you will need to follow these instructions when you come to the clinic.”

<table>
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<th>Step #</th>
<th>Task Description</th>
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<tbody>
<tr>
<td>Day of Appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Prep all check in functions to handoff to nurse (any forms, patient armband, etc.)</td>
<td></td>
<td>PCC</td>
</tr>
<tr>
<td>2</td>
<td>Receive call from patient upon arrival</td>
<td>Perform a virtual check-in. Call the nurse to inform them of patient’s arrival.</td>
<td>PCC</td>
</tr>
<tr>
<td>3</td>
<td>Meet patient at clinic front door in droplet precaution PPE. Escort patient directly to exam room.</td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td>4</td>
<td>Label door with droplet precautions signage</td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td>5</td>
<td>Complete scheduled appointment activity</td>
<td>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to Standard, Contact, and Droplet Precautions, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection.</td>
<td>Care Team (as scheduled)</td>
</tr>
<tr>
<td>6</td>
<td>Escort patient out of clinic</td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td>7</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>Nurse</td>
</tr>
</tbody>
</table>
# Standard Work Activity Sheet

**Infection Prevention Guidance for the Care of Patient with COVID-19**

**Purpose:** Guidance on how to care for patient at SCCA that has been confirmed COVID-19.

**Outcome:** Positive Patient successfully cared for.

---

## Step # (When) | Task Description (What) | Additional Details | Owner (Who)
---|---|---|---

**Every Morning**

1. Send positive patient report to Community Site Leadership: Jennifer Phan, Krissy Vargas, Steve Reusser, Linda Ross, Justin DeMars, Sharon Rockwell, Paul Helmuth

   Positive Patient Report (note: refreshes from night before) sent around 10:00 am

   Clinical Analytics

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### Coordinating Care

1. Call patient and screen for symptoms

   If symptomatic their appointment will need to be assessed if essential or non-essential

   PCC

2. Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.

   PCC and RN

3. Schedule appointments

   If the patient needs to come into the clinic for essential appointments:
   - If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame
   - Include in patient appointment notes “COVID-19 patient”

   PCC

4. Prior to patient arrival, give patient instructions on arrival.

   “On the day of your appointment, please:
   1. Wear a mask at all times in the hospital and clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you.
   2. Caregivers should be limited to one and should wear a mask as well.
   3. When you arrive onsite, prior to entering the clinic building, call the SCCA Evergreen front

   PCC
desk (425-899-3181) from your car. A staff member will check you in over the phone and then send a nurse to meet you at the hospital entrance to walk you through the front door screening and directly to the clinic.

4. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.

5. Please contact your care team for questions you may have about how long you will need to follow these instructions when you come to the clinic.”

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<tr>
<td>Day of Appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td>PCC performs Epic check-in per telephone and notifies care team nurse of arrival and location of patient.</td>
<td>PCC</td>
</tr>
<tr>
<td>2</td>
<td>Prep all check in functions to handoff to nurse (any forms, patient armband, etc.)</td>
<td>Prep all required paperwork into red folder and give to rooming nurse.</td>
<td>PCC</td>
</tr>
<tr>
<td>3</td>
<td>Meet patient at hospital front door wearing a mask. Escort patient directly to Infusion room 2.</td>
<td>Maintain 6’ social distance as much as possible and escort immediately to Infusion Room 2. Once patient enters the room, don droplet precaution PPE.</td>
<td>Nurse</td>
</tr>
<tr>
<td>4</td>
<td>Label door with droplet precautions signage</td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td>5</td>
<td>Complete scheduled appointment activity</td>
<td>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to Standard, Contact, and Droplet Precautions, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. Check out scheduling will be performed after the visit by telephone.</td>
<td>Care Team (as scheduled)</td>
</tr>
<tr>
<td>6</td>
<td>Escort patient out of clinic</td>
<td>Instruct patient to wear mask at all times and maintain social distance of 6 feet while leaving hospital grounds</td>
<td>Provider or nurse</td>
</tr>
<tr>
<td>7</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>Nurse</td>
</tr>
</tbody>
</table>
### Standard Work Activity Sheet

**Infection Prevention Guidance for the Care of Patient with COVID-19**

**Purpose:** Guidance on how to care for patient at SCCA that has been confirmed COVID-19.

**Outcome:** Positive Patient successfully cared for.

**Scope:** SCCA Peninsula Clinic

1. Scheduling of Appointments
2. Prior to Patient Arrival
3. Day of the Appointment

### Purpose:
Guidance on how to care for patient at SCCA that has been confirmed COVID-19.

### Outcome:
Positive Patient successfully cared for.

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<tr>
<td><strong>Every Morning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Send positive patient report to Community Site Leadership: Jennifer Phan, Krissy Vargas, Steve Reusser, Linda Ross, Justin DeMars, Sharon Rockwell, Paul Helmuth</td>
<td>Positive Patient Report (note: refreshes from night before) sent around 10:00 am</td>
<td>Clinical Analytics</td>
</tr>
<tr>
<td><strong>Coordinating Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Call patient and screen for symptoms</td>
<td>If symptomatic their appointment will need to be assessed if essential or non-essential</td>
<td>PCC</td>
</tr>
<tr>
<td>2</td>
<td>Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.</td>
<td></td>
<td>PCC and RN</td>
</tr>
</tbody>
</table>
| 3 | Schedule appointments | If the patient needs to come into the clinic for essential appointments:  
   - If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame  
   - Include in patient appointment notes “COVID-19 patient”  
   - | PCC |
| 4 | Prior to patient arrival, give patient instructions on arrival. | “On the day of your appointment, please:  
   6. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you.  
   7. Caregivers should be limited to one and should wear a mask as well.  
   8. When you arrive onsite, prior to entering the clinic building, call the SCCA Peninsula front desk | PCC |
(360-697-8000) when you arrive. A staff member in droplet precaution PPE will meet you at the clinic entrance and take you directly to a room.

9. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.

10. Please contact your care team for questions you may have about how long you will need to follow these instructions when you come to the clinic.”

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<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td></td>
<td>PCC</td>
</tr>
<tr>
<td>2</td>
<td>Meet patient at clinic front door in droplet precaution PPE. Escort patient directly to exam room.</td>
<td>If the patient is coming in for Med Onc services, they should use the main entrance. If they are coming in for Rad Onc treatment, they will use the entrance next to the vault.</td>
<td>MedOnc – RN Rad Onc - RTT</td>
</tr>
<tr>
<td>3</td>
<td>Prep all check in functions to handoff to nurse (any forms, patient armband, etc.)</td>
<td>The nurse or RTT will confirm patient ID. PCC will check in patient in EPIC. If NOPP or FA are required, can do so verbally.</td>
<td>PCC</td>
</tr>
<tr>
<td>4</td>
<td>Label door with droplet precautions signage</td>
<td></td>
<td>MedOnc – RN Rad Onc - RTT</td>
</tr>
<tr>
<td>5</td>
<td>Complete scheduled appointment activity</td>
<td>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to <strong>Standard, Contact, and Droplet Precautions, including the use of eye protection</strong> (e.g., goggles or a face shield) when caring for patients with COVID-19 infection.</td>
<td>Care Team (as scheduled)</td>
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<td>6</td>
<td>Escort patient out of clinic</td>
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<td>MedOnc – RN Rad Onc - RTT</td>
</tr>
<tr>
<td>7</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>MedOnc – RN Rad Onc - RTT</td>
</tr>
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**Standard Work Activity Sheet**

**Infection Prevention Guidance for the Care of Patient with COVID-19**

**Purpose:** Guidance on how to care for patient at SCCA that has been confirmed COVID-19.

**Outcome:** Positive Patient successfully cared for.

**Scope:** SCCA Issaquah Clinic

- Scheduling of Appointments
- Prior to Patient Arrival
- Day of the Appointment

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<td>2</td>
<td>Cancel or reschedule any non-essential appointments. Consider telemedicine options when possible.</td>
<td></td>
<td>PCC and RN</td>
</tr>
<tr>
<td>3</td>
<td>Schedule appointments</td>
<td>If the patient needs to come into the clinic for essential appointments: o If possible, schedule their appointment at the end of the day or during the clinic’s least busy time frame o Include in patient appointment notes “COVID-19 patient”</td>
<td>PCC</td>
</tr>
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</table>
| 4 | Prior to patient arrival, give patient instructions on arrival. | “On the day of your appointment, please:
11. Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you.
12. Caregivers should be limited to one and should wear a mask as well.
13. When you arrive onsite, prior to entering the clinic building or just outside the clinic, call the SCCA Issaquah front desk (425-392-2551) when you arrive. A staff member in droplet precaution | PCC |
SCCA ISSAQUAH CLINIC

PPE will meet you at the clinic entrance and take your directly to a room.

14. Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.

15. Please contact your care team for questions you may have about how long you will need to follow these instructions when you come to the clinic.”

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<tr>
<td>1</td>
<td>Receive call from patient upon arrival</td>
<td></td>
<td>PCC</td>
</tr>
<tr>
<td>2</td>
<td>Meet patient at clinic front door in droplet precaution PPE. Escort patient directly to exam room.</td>
<td></td>
<td>RN</td>
</tr>
<tr>
<td>3</td>
<td>Prep all check in functions to handoff to nurse (any forms, patient armband, etc.) Check in to occur virtually.</td>
<td></td>
<td>PCC</td>
</tr>
<tr>
<td>4</td>
<td>Label door with droplet precautions signage</td>
<td></td>
<td>RN</td>
</tr>
<tr>
<td>5</td>
<td>Complete scheduled appointment activity</td>
<td>Patients should always wear a mask in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam). Healthcare personnel should adhere to <strong>Standard, Contact, and Droplet Precautions, including the use of eye protection</strong> (e.g., goggles or a face shield) when caring for patients with COVID-19 infection.</td>
<td>Care Team (as scheduled)</td>
</tr>
<tr>
<td>6</td>
<td>Escort patient out of clinic</td>
<td></td>
<td>RN</td>
</tr>
<tr>
<td>7</td>
<td>Clean room</td>
<td>The person cleaning the room should wear gown and gloves.</td>
<td>RN</td>
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