Washington Regional Medical Center

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Respiratory Clinic Toolkit

Operation Hours:

8am-5pm Monday-Friday

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Respiratory Clinic Toolkit

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Washington Regional Medical Center
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FOR IMMEDIATE RELEASE

E-mail: lsorto@affinity-wrmc.com

North Carolina Critical Access Hospital Announces Respiratory Clinic for COVID-19 Testing
Washington Regional Medical Center to redirect symptomatic patients for Respiratory Screening

PLYMOUTH, NORTH CAROLINA – March 18, 2020; Washington Regional Medical Center, formally Washington County Hospital, has announced it will replace its Outpatient Department with a Respiratory Clinic for all respiratory acute illness and for COVID-19 screening and testing. Dr. Lee Anne Sorto, DNP, FNP-C, WRMC's Clinical Operations Administrator, says "this will allow patients who are concerned they may have COVID-19 to come be screened by a health-care professional." However, Sorto reiterated that just because a patient is screened, does not necessarily mean they will be tested. The guidelines for the test are issued by the CDC and can be viewed at: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html.

Opening tomorrow, Thursday, March 19th the Outpatient Respiratory Clinic site's operating hours will be from 8 a.m. - 5 p.m. Monday – Friday to begin serving patients on a walk-in basis. The clinic will be able to see patients from area primary care providers' offices, urgent cares, and health departments which are presenting with fever and cough, for facilities whom are concerned of where to direct their patients to be screened. "We are hoping this will allow our local primary care and specialty care offices to stay as operational as possible through screening patients ahead of their appointment times for new onset cough or worsening cough with fever without fear of turning their patients away to stay at home unscreened."

The clinic will offer patient education on a variety of respiratory acute illnesses if it is determined the patient does not require COVID-19 testing. If a patient is tested for COVID-19, this will allow a highly trained staff to educate on self-quarantine guidance, symptom monitoring, and close hospital personnel follow up while self-quarantining to ensure the patient's safety. Testing will be coordinated with the Martin-Tyrrell-Washington District Health Department staff to ensure that notification for regional tracking and the CDC. The site will be located in the rear of the hospital, near the Emergency Department entrance. There will be signage to direct patients to the clinic area and adjacent parking area.

We welcome the opportunity to be here to support our community and be on the front lines of the community control efforts for this pandemic. The hospital is protecting their staff working in this clinic with PPE partially supplied by Eastern Healthcare Preparedness Coalition, which received a request for additional PPE from the Washington County Emergency Manager, Lance Swindell. To learn more about the ways Washington Regional Medical Center is prepared for COVID-19 and the steps you can take to help keep yourself safe, visit the hospital's Facebook page for regular updates:@washingtonregionalmedicalcenter

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North Carolina Critical Access Hospital Announces Visitor Restrictions in Response to COVID-19
Washington Regional Medical Center to activate their Emergency Incident Command System

PLYMOUTH, NORTH CAROLINA – March 15, 2020; Washington Regional Medical Center, formally Washington County Hospital, and Plymouth Primary Care Rural Health Clinic on our campus, are announcing further visitor restrictions put in place to protect against the spread of COVID-19. We recognize the devastating impact that the COVID-19 virus potentially could have on our vulnerable population of Washington, Tyrrell, Dare, and Hyde counties and know that it will be small rural and critical access hospitals that are on the front lines of the identification and treatment efforts for our state. As such we are implementing further visitor restrictions to our existing Flu Season restrictions that were put into place on February 2, 2020. This means that we are trying to keep our often older geriatric patients safer by limiting visitors to only 1 visitor, 18 years or older, with each patient while in the Emergency Department, Outpatient Department, or Rural Health Clinic. If you are visiting a patient in our inpatient medical unit, we will screen at the unit entrance for presence of symptoms, and ask that patient rooms are limited to 2 visitors at a time.

We know that the community looks to their healthcare centers for strength and support in times like these. We have activated our Hospital Emergency Incident Command System (HEICS) to prompt mobilization and coordination of personnel, equipment, and supplies. This is the national standard for medical facilities to manage emergencies of all sizes and types during catastrophic events, in response to a situation where the normal operations of the facility are, or have potential, to rapidly become overtaxed to the extent that additional measure and resources must be committed in order to provide the necessary medical care. Based on this principle, the Hospital Emergency Incident Command System (HEICS) will be used to organize and implement WRMC's COVID-19 response efforts.

We will be using evidence based decisions through information released by CDC, WHO, and state agencies' guidance. We are training staff on COVID-19 patient screening and testing, and developing a plan to separate all symptomatic potential COVID-19 patients from others seeking medical care at our rural health clinic and the Emergency Department.

We will be releasing information and community health guidance onto the WRMC hospital's Facebook page, and working to support the great frontline efforts made by the Martin-Tyrrell-Washington District Health Department. We will be extending offers of support to Washington and Tyrrell County workers, school system, and police forces to offer education and PPE fit testing as they need. We are working to protect our healthcare workers by implementing policies to wear N-95 mask personal protective equipment (PPE) as required by the North Carolina Department of Health and Human Services (NCDHHS) and the Centers for Disease Control and Prevention (CDC) in Atlanta.

We know many in the community are asking what they can do to help during this time. We are asking that the community limit hospital visitation, practice social distancing, and avoid crowded areas. Help your neighbor with child care while they're working, especially if they are a healthcare worker. Above all else, follow CDC guidance on self-isolating if feeling ill, cover your cough, and proper thorough hand washing technique.

We welcome the opportunity to be here to support our community and be on the front lines of the community control efforts for this pandemic. To learn more about the ways Washington Regional Medical Center is prepared for COVID-19 and the steps you can take to help keep yourself safe, visit the hospital's Facebook page for regular updates:**@washingtonregionalmedicalcenter**

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Respiratory Clinic

Opening Checklist

☐ - Patient rooms cleaned/set-up

☐ - AED/crash cart checklist completed

☐ - Unlock supply cabinets

☐ - Check PPE stock (notify Matt when low)

☐ - Clean cooler/restock ice and water (Dietary)

☐ - Take patient charts to HIMS from previous day

☐ - Unlock doors

☐ - Start patient registration list

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Respiratory Clinic

Closing Checklist

- ☐ Remove trash from each room
- ☐ Cleaning equipment with approved wipes
- ☐ Lock-up script pad/patient charts
- ☐ Finalize all patient visit faxing to PCPs
- ☐ Lock supply cabinets
- ☐ Leave no paperwork on counters for cleaning
- ☐ Make sure all PPE is properly disposed of
- ☐ Lock-up medication cart – finalize Med Waste page
- ☐ Lock doors, turn off lights and TV
- ☐ Let EVS know they can clean when clinic is closed

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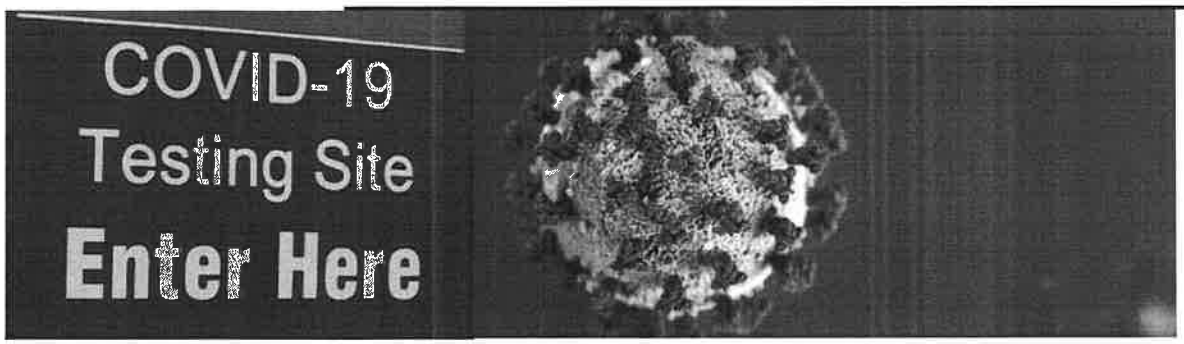

WORKFLOW

1. Patient enters the Outpatient Respiratory Clinic – precedes to desk
2. Registration Clerk has them sign in to the sign in sheet
3. Registration Clerk hands them clipboard with 5 forms – Registration page, consent, Privacy rights, and Medicare form (if applicable), and the 1 page History/Med form
4. Patient can complete the forms in the waiting room if desires, returns when complete
5. Registration Clerk removes their forms, registers the patient, returns forms to chart
6. Chart is placed to the Right Side of the Registration Clerk upside down in order
7. CMA/LPN/RN takes patient chart, calls patient to a room to check in
8. Inside the room, door closed, the patient is placed in chair or stretcher, sitting up
    a. Vitals obtained, review of patients history/medications for clarification, sign off
    b. Quick focused nursing respiratory assessment
9. Chart placed on the back cabinet in order for provider, high acuity in front
10. Provider selects the next chart in line from back counter
11. Sees patient, quick assessment, otoscope goes 1 with each provider (if 2 providers are working clinic then get 2nd otoscope in ED for shift), clean between patients
12. Review PMH, PSH, social hx, allergies, HPI/nursing assessment, and ROS and sign off
13. Complete focused Respiratory exam and chart on door (facing inside) if order for nursing
14. Nursing monitor for charts in door, may need to medicate, collect swabs, testing, call respiratory, lab, or radiology to notify of orders
15. Once order complete, if discharge was not written to be completed after med/lab, then put chart back at front of pending patients on back counter for provider to reeval next to d/c
16. Once provider reevals (if needed), the provider will select discharge diagnoses and education packet to be given for discharge and place on the far right side of back counter
17. CMA/LPN/RN will watch for pending discharge clipboards and following discharge instructions to educate the patient effectively, go through the packet with each patient
18. Once educated and given discharge instructions, the patient may proceed to front desk to check out with the registration clerk

WASHINGTON REGIONAL MEDICAL CENTER
OUTPATIENT RESPIRATORY DEPARTMENT DAILY LOG

DATE: _____ PAGE: _____

PATIENT NAME	CHIEF COMPLAINT	Arrival Time	Provider Dispo	COVID-19 Testing?	PCP sent chart?	Dispo from clinic Time	DISPOSITION circle one
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:
				Yes / No	Yes / No		HOME ADMIT TRANSFER FACILITY:

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RESPIRATORY SPECIALTY CLINIC
REVIEW OF MEDICAL RECORD
(Medication Reconciliation)

Allergies:

PMH: ***Systemic***: HTN DM Cancer HIV Thyroid Anemia High lipids ***Neuro***: CVA Seizures
Heart: MI Angina CHF CAD AFib ***Lungs***: COPD Asthma ***GI***: PUD GERD Liver
GU: UTI's Stones ***MS***: Arthritis ***Psych***: Depression Anxiety Schizophrenia None
Operations: Appendectomy Cholecystectomy PTCA CABG _____ None
Immunizations: Tetanus: UTD > 5 years Unknown **LMP**: _____ N/A
Other: _____

	How many years	How many packs	
SH: **Smoke**: Current Past Second-hand			Never
ETOH: Social Abuse Alcoholic			None
Illicit drugs:			None

Lives with: Mom Dad Spouse Family SO Alone Married Single Divorc
Lives in: Home Assisted care Homeless Nursing home

PATIENT'S PHARMACY: _____
PRIMARY CARE PROVIDER: _____

MEDICATION HISTORY
LIST BELOW ALL OF THE PATIENT'S MEDICATIONS INCLUDING HERBAL MEDS

MEDICATION NAME (WRITE LEGIBLY)	DOSE (mg, mcg,)	ROUTE (PO, GT, SC, IV)	FREQUENCY	LAST DOSE DATE/TIME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

REVIEW OF SYSTEMS	Y	N
GENERAL		
Headache		
Lethargy/Weakness		
Chills/Night sweats		
Fever		
Nausea / Vomiting / Diarrhea		
Weight loss		
Dizziness		
EYES		
Wears glasses		
Eyesight worsening		
Double vision		
Eye pain		
EARS/NOSE/THROAT		
Ear Pain / Drainage		
Sore Throat		
Congestion/sneezing		
Sinus trouble/hay fever		
Nose bleeds		
Respiratory:		
Shortness of Breath		
Cough		
HEART		
Chest pain with exertion		
Heart attack		

Respiratory History: COPD Asthma Sarcoidosis TB Chronic Sinusitis Lung Cancer

NOTES:

Nursing Review Signature: _____ ***Date/Time:*** _____

Provider Review Signature: _____ ***Date/Time:*** _____

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PATIENT NAME:

RESPIRATORY SPECIALTY CLINIC NURSING / PROVIDER ASSESSMENT

Allergies:

CC: adult PEDIATRIC Date: ___/___/___ Time: ___:___ Return v

Medications: ☐ None ☐ See List _____

Allergies: ☐ NKDA ☐ Latex _____

TRIAGE: T_____ P_____ RR_____ BP_____ O2 Sat_____ % RA O2 GCS_____

Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter
Mode of arrival: Walk in Wheelchair Friends Attendant Ambulance Helicopter Police
Timing: Onset _____ Minutes Hours Days Weeks ago
Context: *Symptoms*: Cough Nasal symptoms Sore throat Fever
History of: Recent travel: _____ days ago Location: _____ *None*
Confirmed Suspected *exposure to*: Influenza A Influenza B H1N1 *None*
Quality: *Cough*: Nonproductive *Productive*: Clear White Yellow Green Bloody
Severity: *Cough*: Mild Moderate Severe *None* *Shortness of breath*: Mild Moderate Severe

COVID-19 Screening:
- ☐ Exposure to COVID-19 +
- ☐ Fever (subjective)
- ☐ Fever (≥99.6)
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Healthcare Worker
- ☐ Age 65yo or older
- ☐ Travel

Constitutional: Alert Ill-appearing Distress: None Mild Moderate Severe
Eyes: Discharge Red _____ normal
ENT: Cough: non-productive Productive: Clear White Green Bloody
Ears: R *TM*: Red Bulging Dull Retracted Immobile Perforated Obscured _____ normal
L *TM*: Red Bulging Dull Retracted Immobile Perforated Obscured _____ normal
Nose: Injected Discharge Blood _____ normal
Oropharynx: Membranes: Dry White plaques _____ normal
Red Exudate Tonsillar hypertrophy _____ normal
Sinuses: Tender Frontal Maxillary _____ normal
Neck: Meningeal signs *Adenopathy*: Anterior Posterior Tender _____ normal
Respiratory: R L Bil Generalized Superior Inferior Breath sounds: Diminished _____ normal
R L Bil Generalized Superior Inferior Wheezes Rales Rhonchi _____ normal
CV: Tachycardia Bradycardia Irregular S3 S4 _____/VI Sys Dia Murmur _____ normal
GI: *Palpation*: **Liver:** Enlarged **Spleen:** Enlarged _____ normal
Tenderness: Diffuse RUQ RLQ LUQ LLQ Epigastric Periumbilical Suprapubic
Mild Moderate Severe Rebound Guarding Rigidity _____ normal
Skin: ***Rash***: Location: _____ normal
Papular Macular Maculopapular Vesicular Pustular Petechial Red Tender Hot
Neurologic: *Oriented to*: Time Person Place Not oriented normal

Diagnosis: **Allergic Rhinitis** **Upper Respiratory Infection** **Acute Maxillary Sinusitis** **Acute Bronchitis**
Acute Exacerbation of COPD **Influenza A / B** **Acute Respiratory Infection (suspected COVID-19)**
Acute Pharyngitis **Acute Bacterial Pharyngitis** **Dx:**_____

Nursing Review Signature: _____ ***Date/Time:*** _____
Provider Review Signature: _____ ***Date/Time:*** _____
Provider Disposition Time: _____ ***Nursing Discharge Time:*** _____

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RESPIRATORY SPECIALTY CLINIC PATIENT ORDERS

PATIENT NAME:

Allergies: Wgt:

DIAGNOSTICS

- ☐ CBC with differential
- ☐ PT, PTT, INR
- ☐ BMP
- ☐ CMP
- ☐ BNP
- ☐ Magnesium
- ☐ Troponin
- ☐ EKG
- ☐ Lactate
- ☐ Mono Spot Test
- ☐ Rapid Strep Screen
- ☐ Influenza rapid A / B
- ☐ RSV
- ☐ COVID-19 naa
- ☐ Other: FSBG
- ☐ CT Chest Scan - Reason to Order: SOB Rhonchi Cough Fever (circle one)

CONSULTATIONS (provide reason)

- ☐ Cardiology: _____
- ☐ Other: _____

LINES, TUBES, DRAINS

- ☐ Peripheral IV: Solution:_____ Rate:_____
- ☐ Oxygen: ☐ nasal cannula at _____ L/min
  - ☐ Titrate 0_2 to keep SaO_2 greater than 88%

RESPIRATORY MANAGEMENT

- ☐ Other:_____
- ☐ Albuterol ____mg PO solution (pediatric dosing 0.1mg/kg <2yrs)(pediatric >2yo 2-4mg)(adult 4mg)
- ☐ Albuterol MDI with spacer _____puffs administrated, (adult 6-12puffs recommended) x1
  - ☐ repeat _____puffs in _____mins

STEROID MANAGEMENT

- ☐ Solu-Medrol 125mg IM x1
- ☐ Prednisone _____mg PO x1
- ☐ Prednisolone solu 15mg/5mL, give _____ mL x1
- ☐ Epinephrine, 0.3mL of a 1:1,000 SQ q20mins x3 doses for dyspnea/allergic reaction

ANTIPYRETIC MANAGEMENT

- ☐ acetaminophen 650mg PO for pain

ANTIEMETIC MANAGEMENT

- ☐ ondansetron (Zofran) 4 mg ODT for nausea/vomiting x1
- ☐ promethazine (Phenergan) 25mg PO for nausea/vomiting x1

Nursing Signature: _____ ***Date/Time:*** _____

Provider Signature: _____ ***Date/Time:*** _____

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PATIENT NAME:

RESPIRATORY SPECIALTY CLINIC PATIENT DISCHARGE ORDERS

Allergies: Wgt:

CONSULTATIONS (provide reason)

- ❑ Cardiology: _____
- ❑ Smoking Cessation Program

ASTHMA MANAGEMENT

- ❑ Avoid Beta Blocker Medications
- ❑ Montelukast (Singulair) 5-10mg PO qhs

RESPIRATORY MANAGEMENT

- ❑ Ventolin 90mcg inhaler (albuterol) MDI with spacer, 1-2 puffs every 4hrs PRN SOB/wheezing
- ❑ levalbuterol (Xopenex) 0.63-1.25mg 1-2 puffs every 4hrs as needed for SOB/wheezing (if patient develops tachycardia/palpitations/tremors)
- ❑ fluticasone (Flovent) 88 or 120mcg 1 puff twice a day for 2-4 weeks

STEROID MANAGEMENT

- ❑ Prednisolone _____mL (15mg/5mL) (given daily or divided BID)
- ❑ Prednisone _____mg (given daily or divided BID)

SYMPTOM MANAGEMENT

- ❑ Guaifenesin 400mg PO Q4-6H for cough and congestion
- ❑ Robitussin sol 20/400 per 5 mL: 5 mL every 4 hours, maximum 6 doses per day
- ❑ .
- ❑ .
- ❑ .

ANTIBIOTIC MANAGEMENT (Pediatric)

- ☐ Neo/Poly/HC OTIC SUS (10mL bottle)
- ☐ Amoxicillin 200mg/5mL SUS (100mL bottle)
- ☐ Amox/Clav 400mg/5mL SUSP (100mL bottle)
- ☐ Azithromycin 200mg/5mL SUS
- ☐ Cephalexin 250mg/5mL SUS (100mL bottle)

ANTIBIOTIC MANAGEMENT (Adult)

- ❑ Augmentin 875mg PO BID 10days
- ❑ TMP/SMX DS 1tab PO BID 10days
- ❑ Amoxicillin 500mg PO BID
- ❑ Doxycycline 100mg PO BID
- ❑ Levofloxacin 500mg PO BID
- ❑ Ciprofloxacin 500mg PO BID
- ❑ Cefuroxime 500mg PO BID
- ❑ Azithromycin 250mg PO 2tab PO Day1; 1 tab PO Day 2-5

ANTIPYRETIC MANAGEMENT

- ❑ acetaminophen 650mg PO for pain
- ❑ ibuprofen 600mg PO for pain

ANTIEMETIC MANAGEMENT

- ❑ ondansetron (Zofran) 4 mg ODT PRN for nausea/vomiting
- ❑ promethazine (Phenergan) 25mg PO PRN for nausea/vomiting

IMMUNIZATIONS

- ❑ Influenza Virus vaccine 0.5mL IM x1 dose (on discharge if not already received)
- ❑ Pneumovax vaccine 0.5mL IM x1 dose (on discharge if not already received)

CDC 2018 recommendations: all patients 65yo or older, immunocompromised, or chronic disease (CAD, asthma, COPD, HIV lymphoma) or current smokers

Nursing Signature: _____ ***Date/Time:*** _____

Provider Signature: _____ ***Date/Time:*** _____

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PLACE PATIENT STICKER HERE

MEDICATIONS	CHARGE NUMBER	QTY
PO MEDICATIONS		
AZITHROMYCIN TABS 250MG	5601060	
CEPHALEXIN CAPS 250MG	5601096	
CHILDRENS ACETAMINOPHEN 160MG/5ML	5641010	
CHILDRENS IBUPROFEN 100MG/5ML	5641445	
IBUPROFEN TABS 200MG	5641443	
LEVOFLOXACIN TABS 250MG	5641498	
TYLENOL TABS 325MG	5641958	
INHALANT MEDICATIONS		
BUDESONIDE 0.25MG/2ML	5601337	
BUDESONIDE 0.5MG/2ML	5641799	
DUONEB 0.5MG & 3MG/3ML	5600122	
LEVALBUTEROL I.25MG/3ML	5642003	
VENTOLIN HFA INHALER	5641033	
IV MEDICATIONS		
AZITHROMYCIN INJ 500MG/VIAL	5691008	
CEFTRIAXONE 1GM PREMIX	5600034	
KETOROLAC INJ 30MG/ML	5641478	
LEVOFLOXACIN 250MG PREMIX	5641499	
LEVOFLOXACIN 500MG PREMIX	5691053	
ONDANSETRON INJ 4MG/2ML	5642017	
SOLU-MEDROL INJ 125MG/VIAL	5641873	
EXTRA MEDICATIONS		

Washington Regional Medical Center

RESPIRATORY TRANSPORT SHEET

Allergies:

☐ no known allergies

PATIENT NAME:

PATIENT'S PHARMACY: _____

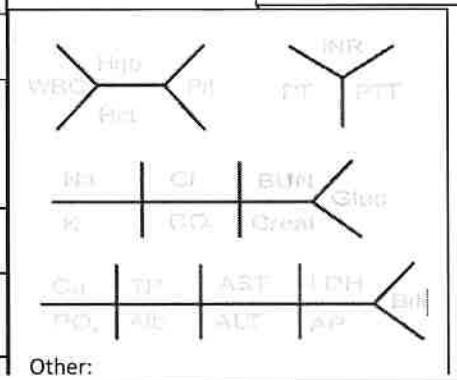
PRIMARY CARE PROVIDER: _____

ADMISSION WEIGHT: _____lbs _____kgs HEIGHT: _____

Intubation Time:	# of Attempts:	OG NG	Secured at:	LABS:
ET Tube Size:	Secured at:	ET tube Holder Y / N		
Hypoxic Event <80% Y / N	Duration of Hypoxia:	Foley inserted Y / N		

Pre-Intubation ABG:

pH	$PaCO_2$	PaO_2	HCO_3
7.35-7.45	35-45	80-100	21-27



Other:

Vent Settings:

Vent Day

Vent Settings: Mode_____Rate____fiO2___TV_____P___PS___ RR

ET tube Up Trach

ABGs pH____pCO2____pO2____BE____HCO3____Sat____

TIME	BP	HR	RR	SpO2

Additional Medications Given and dose: _____

_____

_____

Initial presentation of symptoms: _____

_____

_____

Improvements or deteriorations during or post treatment: _____

_____

NOTES:

Emergency Department Nurse Signature: _____ ***Date/Time:*** _____

Attending Provider Signature: _____ ***Date/Time:*** _____

Transport Personnel Signature: _____ ***Date/Time:*** _____

Washington Regional Medical Center

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Precautions for Aerosol-Generating Procedures

• If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.

• An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.,

• EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.

• BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

• EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.

• If possible, the rear doors of the transport vehicle should be opened, and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

Washington Regional Medical Center

Patient/Employee Contact Tracer Sheet

Date of testing: _____

Patient Name: _____ **DOB:** _____

Physical Address _____ **Phone:** _____

Alternate Contact _____ **Phone:** _____

Unmasked Employee Contact:

(1) _____ **(3)** _____

(2) _____ **(4)** _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 5-7 (after result)
Date						
Fever (≥ 99)						
Cough						
SOB						
In general, how are you feeling?						
Anyone with you monitoring?						
Can we call tomorrow?						

Test Result_____ **Date** _____ **Pt. Notified Date** _____ **Staff Sign** _____

PCP: Name _____ **Location** _____ **Phone** _____

PCP Notified Date _____ **Person spoke to:** _____ **Staff Sign** _____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ___/___/_____

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First _____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
- ☐ PUI, testing pending*
- ☐ PUI, tested negative*
- ☐ Presumptive case (positive local test), confirmatory testing pending†
- ☐ Presumptive case (positive local test), confirmatory tested negative†
- ☐ Laboratory-confirmed case†

*Testing performed by state, local, or CDC lab.
†At this time, all confirmatory testing occurs at CDC

Report date of PUI to CDC (MM/DD/YYYY): ___/___/_____

Report date of case to CDC (MM/DD/YYYY): ___/___/_____

County of residence: _____
State of residence: _____

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Date of birth (MM/DD/YYYY): ___/___/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY): ___/___/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia? ☐ Yes ☐ Unknown ☐ No

Did the patient have acute respiratory distress syndrome? ☐ Yes ☐ Unknown ☐ No

Did the patient have another diagnosis/etiology for their illness? ☐ Yes ☐ Unknown ☐ No

Did the patient have an abnormal chest X-ray? ☐ Yes ☐ Unknown ☐ No

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown

If yes, admission date 1 ___/___/___ (MM/DD/YYYY)
If yes, discharge date 1 ___/___/___ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)? ☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation? ☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days) _____

Did the patient receive ECMO? ☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness? ☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY): ___/___/_____
☐ Unknown date of death

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY): ___/___/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY): ___/___/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
- ☐ Travel to Wuhan
- ☐ Travel to Hubei
- ☐ Travel to mainland China
- ☐ Travel to other non-US country specify: _____
- ☐ Household contact with another lab-confirmed COVID-19 case-patient
- ☐ Community contact with another lab-confirmed COVID-19 case-patient
- ☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient ☐ Patient ☐ Visitor ☐ HCW
- ☐ Animal exposure
- ☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
- ☐ Other, specify: _____
- ☐ Unknown

If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____
☐ Unknown ☐ Other, specify: _____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

CDC 2019-nCoV ID: _____

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental/intellectual disability	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other, Specify: _____			☐		☐	

Additional State/local Specimen IDs: _____ _____ _____ _____ _____

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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

CORONAVIRUS DISEASE 2019 (COVID-19)
Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection. COVID-19 is caused by a virus that can cause symptoms, such as fever, cough, and shortness of breath. The primary transmission from person to person is by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If the virus that causes COVID-19 spreads in the community, it could have severe public health consequences.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you. If your test result is positive, you will receive additional information from your provider and your local health department at that time.

- Remain at home until you are cleared by your health provider or public health authorities.
- Keep a log of visitors to your home using the form provided. Notify any visitors to your home of your isolation status.
- If you plan to move to a new address or leave the county, notify the local health department in your county.
- Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you are being tested for the virus that causes COVID-19 so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next, notify the local health department in your county.
- If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19. Next, notify the local health department in your county.
- Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is found here: https://epi.dph.ncdhhs.gov/cd/coronavirus/nonhealthcare.html.
- Your health and the health of our community are our top priorities. Public Health officials remain available to provide assistance and counseling to you about COVID-19 and compliance with this guidance.

Provider: _____ **Date:** _____/_____/_____

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

_____ **Date:** _____/_____/_____

WHO DO I CALL?
You can find a list of local health departments here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments

Health Department: _____

Contact Name: _____

Telephone: _____

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

CORONAVIRUS DISEASE 2019 (COVID-19)
Guidance for Persons Under Investigation

Please complete this form if your patient declines to sign the Guidance for Persons Under Investigation.

I ordered a COVID-19 test and provided the Guidance for Persons Under Investigation to my patient. However, my patient declined to sign the Guidance.

Patient Name: _____

Provider: _____ **Date:** _____/_____/_____

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

Infection Prevention Recommendations for Individuals Confirmed to have, or Being Evaluated for, 2019 Novel Coronavirus (COVID-19) Infection Who Receive Care at Home

Individuals who are confirmed to have, or are being evaluated for, COVID-19 should follow the prevention steps below until a healthcare provider or local or state health department says they can return to normal activities.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Call ahead before visiting your doctor

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** going to your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Ask your healthcare provider to call the local or state health department.

Wear a facemask

You should wear a facemask that covers your nose and mouth when you are in the same room with other people and when you visit a healthcare provider. People who live with or visit you should also wear a facemask while they are in the same room with you.

Separate yourself from other people in your home

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand rub.

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Prevention Steps for Caregivers and Household Members of Individuals Confirmed to have, or Being Evaluated for, COVID-19 Infection Being Cared for in the Home

If you live with, or provide care at home for, a person confirmed to have, or being evaluated for, COVID-19 infection please follow these guidelines to prevent infection:

Follow healthcare provider's instructions

Make sure that you understand and can help the patient follow any healthcare provider instructions for all care.

Provide for the patient's basic needs

You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.

Monitor the patient's symptoms

If they are getting sicker, call his or her medical provider and tell them that the patient has, or is being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

Limit the number of people who have contact with the patient

- ❑ If possible, have **only one caregiver** for the patient.
- ❑ Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the patient as much as possible. Use a separate bathroom, if available.
- ❑ **Restrict visitors** who do not have an essential need to be in the home.

Keep older adults, very young children, and other sick people away from the patient

Keep older adults, very young children, and those who have compromised immune systems or chronic health conditions away from the patient. This includes people with chronic heart, lung, or kidney conditions, diabetes, and cancer.

Ensure good ventilation

Make sure that shared spaces in the home have good air flow, such as from an air conditioner or an opened window, weather permitting.

Wash your hands often

- ❑ **Wash your hands often and thoroughly with soap and water for at least 20 seconds**. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty.
- ❑ Avoid touching your eyes, nose, and mouth with unwashed hands.
- ❑ **Use disposable paper towels** to dry your hands. If not available, use dedicated cloth towels and replace them when they become wet.

Wear a facemask and gloves

- ❑ **Wear a disposable facemask** at all times in the room **and gloves** when you touch or have contact with the patient's blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces. Ensure the mask fits over your nose and mouth tightly, and do not touch it during use.
- ❑ Throw out disposable facemasks and gloves after using them. **Do not reuse.**
- ❑ **Wash your hands immediately** after removing your facemask and gloves.
- ❑ If your personal clothing becomes contaminated, carefully remove clothing and launder. **Wash your hands** after handling contaminated clothing.
- ❑ Place all used disposable facemasks, gloves, and other waste in a lined container before disposing them with other household waste.
- ❑ **Remove gloves and wash your hands** immediately after handling these items.

Do not share dishes, glasses, or other household items with the patient

- ❑ Avoid sharing household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a patient who is confirmed to have, or being evaluated for, COVID-19 infection.
- ❑ After the person uses these items, you should wash them thoroughly with soap and water.

Wash laundry thoroughly

- ❑ Immediately remove and wash clothes or bedding that have blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces, on them.
- ❑ **Wear gloves** when handling laundry from the patient.
- ❑ Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the label.

Clean all areas the individual has used often

- ❑ **Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
- ❑ **Wear gloves** when cleaning surfaces the patient has come in contact with.
- ❑ Use a **diluted bleach solution** (e.g., dilute bleach with 1 part bleach and 10 parts water) or a household disinfectant with a label that says **EPA-registered for coronaviruses**. To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- ❑ Read labels of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or eye protection and making sure you have good ventilation during use of the product.
- ❑ **Remove gloves and wash hands** immediately after cleaning.

Monitor yourself for signs and symptoms of illness

Caregivers and household members are considered close contacts, should monitor their health, and will be asked to limit movement outside of the home to the extent possible. Follow the monitoring steps for close contacts listed on the symptom monitoring form.

- ❑ If you have additional questions, contact your local health department or call the epidemiologist on call at 919-733-3419 (available 24/7).
- ❑ This guidance is subject to change. For the most up-to-date guidance from CDC, please refer to their website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

For Local Health Department use only

Name:_____ **Case NC ID**_____

Telephone: _____ **DGMQ#** (if applicable) _____

Date of last possible exposure to 2019 novel coronavirus (Day 0):_____

Date monitoring began: _____ **Last date of monitoring (14 days after last possible exposure):**_____

2019-nCoV Symptom Self-monitoring Log (updated 2/06/2020)

To be filled out by individuals who have had possible exposure to 2019 novel coronavirus

In the time box, indicate the time of your morning and evening symptom checks.

In the temperature box, write your measured temperature (from a thermometer)

In the other symptom boxes, write "Y" for yes or "N" for no to indicate if you are experiencing symptoms

If you develop symptoms requiring hospitalization, notify your local health department as soon as you can.

*fever-reducing medications include aspirin, Tylenol® (acetaminophen), Aleve® (naproxen), Motrin® or Advil® (ibuprofen)

Day: Date:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

Day: Date:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

STOP HERE UNLESS INSTRUCTED TO CONTINUE MONITORING BY YOUR LOCAL HEALTH DEPARTMENT

Day: Date:	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

Day: Date:	DAY 22		DAY 23		DAY 24		DAY 25		DAY 26		DAY 27		DAY 28	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

NOTES

Person Under Monitoring Name: _____

Location: _____

Record any visitors to your home here:

Visitor Name	Date	Time In	Time Out	Did this person come within 6 feet of you? Indicate Y or N	Relationship to Person Under Monitoring	Phone number	Comments
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				

North Carolina Division of Public Health
2019 Novel Coronavirus (2019-nCoV)
Healthcare Personnel and Visitor Monitoring Log

Frequently Asked Questions

What is PPE?
PPE stands for Personal Protective Equipment. It can include gloves, gowns, facemasks that cover your nose and mouth, and eye protection like goggles or face shields. The level of PPE you need to wear depends on the risk of infection from your interactions with the patient.

What PPE do I need to wear?
Healthcare providers and visitors to a healthcare facility should follow facility policies. Caregivers should wear disposable facemasks, gowns, and gloves whenever they touch or have contact with the patient's blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces. They should ensure the mask fits over their nose and mouth tightly and not touch it during use. Visitors in a non-healthcare setting should wear a face mask if the patient is not able to do so themselves, and should wash their hands thoroughly before and after the visit.

How should I dispose of PPE?
Place all used disposable facemasks, gowns, gloves, and other waste in a lined container before disposing them with other household waste. Wash your hands immediately after handling these items. Do not reuse.

What is an exposure or breach in infection control?
An exposure or breach in infection control refers to any scenario in which someone may have been exposed to the virus. This includes not wearing PPE, wearing PPE incorrectly, or having a problem with PPE (e.g., glove rips, mask falls off).

What should I do if there is a breach in infection control?
If you may have been exposed to the virus, monitor your health for 14 days after exposure using the symptom monitoring form. If you are not experiencing any symptoms, you can continue with your normal daily activities.

Always perform hand hygiene (i.e., wash your hands thoroughly with soap and water or use an alcohol-based hand rub) before putting on PPE and after removing PPE.

Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals, just like you would around other people.
  - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
  - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider's office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

CDC

cdc.gov/COVID19

CS 316120-A 03/20/2020

- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all "high-touch" surfaces everyday

Clean high-touch surfaces in your isolation area ("sick room" and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found hereexternal icon.

Monitor your symptoms

- **Seek medical attention, but call first:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
  - **Call your doctor before going in:** Before going to the doctor's office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can't put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
  - ***If you will not have a test*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no 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
    - at least 7 days have passed since your symptoms first appeared
  - ***If you will be tested*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You 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
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available here.

Additional information for healthcare providers: Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus.

10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

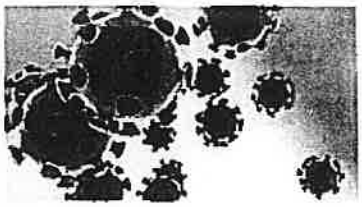
10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

CDC

For more information: **www.cdc.gov/COVID19**

CS 315822-A 03/12/2020

COVID-19 (Coronavirus Disease 2019)
What You Need to Know



What are coronaviruses?

Coronaviruses are a group of viruses that can cause a range of illnesses from the common cold to severe respiratory infection like pneumonia. The COVID-19 is a virus that has been identified as the cause of an outbreak of respiratory illness initially detected in Wuhan, China in December of 2019.

How do coronaviruses spread?

Through coughing and sneezing.

Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands.

Close personal contact, such as touching or shaking hands.

People who traveled to or from **outbreak-affected areas,** or who had contact with someone who has COVID-19, may have been exposed to the virus. Seek medical care if you develop a fever, cough or difficulty breathing within 14 days of traveling or having contact with a COVID-19 case.

What are the symptoms?

Fever

Cough

Difficulty Breathing

Severe Illness

If you may have been exposed and feel sick:

- Stay home and avoid contact with others. Do not go to work, school or daycare.
- Seek medical care right away. **Before you go to the doctor's office, emergency room or urgent care, call ahead and tell them about your recent travel and your symptoms.**
- Inform you local health department.
- Don't travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Throw tissue in the trash.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

Make sure you are getting reliable information from reliable sources.

You can find updates on COVID-19 on the CDC website at cdc.gov/coronavirus and guidance from the North Carolina Division of Public Health at ncdhhs.gov/coronavirus.

People who have questions or concerns can call 866-462-3821 for more information. Press 1 for English or to ask for a language interpretor. Spanish speakers should press 2. To submit questions online, go to ncpoisoncontrol.org and select Chat.

If you have traveled to outbreak-affected areas or had contact with a COVID-19 case and **do not feel sick**, you should monitor for symptoms for 14 days after last exposure and contact your local health department.

Washington Regional Medical Center

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EMPLOYEE SIGN-IN/OUT FORM

DOWNTIME OR EMERGENT INCIDENT COMMAND

NAME _____ DEPARTMENT _____

EMP ID _____ PAY PERIOD _____

PLEASE ENTER IN MILITARY TIME (24 HOUR TIME)

DAY/DATE	IN	OUT	IN	OUT
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
DAY/DATE	IN	OUT	IN	OUT
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

I acknowledge that my time is accurate and reflects the true hours worked.

Employee Signature: _____ Date _____

HUR-F18 (1) REV 3/2020

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COVID-19 WRMC Preparedness Timeline

1/31 Medline order placed to double stock qty gloves, isolation gowns, shoe covers, N-95 masks for all sizes
2/3 CDC Hospital Preparedness checklist completed - inventory of all required supplies
2/5 Increased request of PPE supplies from Medline and various other retail - Amazon, 3M, and google search online supply chains without success
2/11 Second attempt to order through Medline to secure PPE supplies, again on back order. Flu tests expired, none on hand, allocation notification of stock fulfillment
2/19 February Provider newsletter with CDC guidelines to medical staff, flowchart to assess and diagnose
2/21 Third attempt to order through current supply chain vendors all required PPE and hand soap, sanitizer, and cleaning supplies
2/25 COVID-19 handout from CDC forms completed and given to ED
2/26 NC Governor's Task Force recommendations given, Washington County Emergency Response memo noting Director Wes Gray as the official local authority for dealing with governmental response
2/28 Attended regional update during the Rural Health Symposium
2/28 Fourth attempt to order through current supply chain vendors all required PPE and hand soap, sanitizer, and cleaning supplies
2/28 NC Division of Public Health's State Lab Information for Healthcare Professional and Local Health Departments for Coronavirus Disease 2019 (COVID-19) released
3/2 WRMC Hospital Preparedness for COVID-19 community update at Washington County Commissioners meeting (Roper)
3/2 NC State Lab COVID-19 updates – testing specimen samples may be from lower respiratory tract (sputum if possible)
3/4 COVID-19 "Who To Call" List distributed from County Manager, update given in Managers' meeting and distributed to all providers, posted at nursing stations and switchboard for community call response
3/5 Verification with various lab vendors - no availability of disposable isolation gowns or additional glove supply. No flu swabs in stock.
3/4-3/5 EOC (Environment of Care) committee co-chairs attended NC Disaster Preparedness 2020 regional meeting in Greenville where they discussed numerous aspects of facility and staff preparedness.
3/5 Order of additional replacement supplies for N-95 Qualitative fit testing, hood and fit test solutions
3/5 Conference with Field Representative for Senator Thom Tillis's office on Hospital Preparedness
3/5 CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge to Managers
3/5 Fifth attempt to order through current supply chain vendors all required PPE and hand soap, sanitizer, and cleaning supplies, field testing for N-95 began, unable to secure more qualitative testing solution
3/7 Watched CDC and WHO update video conferences (remote)
3/9 Infection Control committee forum to review CDC Healthcare professionals guidance updates dated, new employee PPE policy outlined to increase protections for healthcare professionals from potential COVID-19 patients
3/9 CDC New updates reviewed for Hospital preparedness with teams from Risk management, lab, nursing, medical staff, and employee health
3/9 Receipt of replacement hoods (2) to begin N-95 mask fit testing for all ED personnel and registration staff. Back order notification of all fit test solutions, no available vendor found. Receipt of 1 box of flu swabs (25qty)
3/9 Bram order placed for additional cleaning supplies for EVS to meet CDC Hospital cleaning recommendations

3/10 Request for PPE Supply Chain access from NCDHHS Office of Rural Health – unable to obtain yet
3/10 Distribution of COVID-19 patient and community signage to entrances, isolation stations placed in ED registration and inside ED for staff PPE, review of COVID-19 PUI CDC surveillance form with ED provider. Updated education with all staff answering phone lines with the NC DHHS "Who to call" list and script to educate community or potential patients calling Hospital for guidance
3/11 Governor Cooper Declares State of Emergency to Respond to COVID-19
3/12 Infection Control committee forum to review CDC updates, facility preparedness, and develop protocols
3/13 Implementation of ED entrance employee access restrictions to avoid exposure risks/signage placed
3/13 Implementation of Inpatient/Swingbed Temperature Checks every 4hrs regardless of status
3/13 ED COVID-19 PUI Pt #1 testing collection at 1600, educated on self-quarantine status pending results
3/13 10hrs after Temp Check protocol was put into place – first inpatient elevated temp 100.0, IP COVID-19 PUI Pt #2 testing collection at 2200, droplet isolation ordered pending testing
3/14 NC School Closures – corporate call to plan HR response to support employees while ensuring safe patient care access, notification to managers to contact their employees directly for staffing verification
3/15 PPE request letter created and sent to state/local agencies requesting supplies
3/15 Press Release sent to media – news channels/papers
3/16 HEICS Command Center activated 10am
3/16 Phone call conference calls with NCDHHS (9a), East Care (1p), County Mgr/Emergency Mgr (2:30p), and Eastern Preparedness Coalition call (3p)
3/16 Request PPE (small/large) N95, isolation gowns, show protectors, and qualitative testing solution from County Emergency Manager
3/16 Compiled list of COVID-19 preparedness inventory for PPE, nursing supplies, respiratory/respirator supplies, and pharmacy
3/17 Preparedness prep for Outpatient Nursing – rooms inspected, repairs, lighting, EVS clean, relocation of offices (outpatient exam tables pending go-live date)
3/17 CMS waivers for critical access hospitals that we will need to move forward with a plan CMS contact information: ROATLHSQ@cms.hhs.gov
3/17 COVID-19 Patient & Employee Exposure Tracing Form put into place
3/17 ED COVID-19 PUI Pt #1 test result returned negative – patient notified, tracing form completed
3/17 East Care COVID-19 PUI Transfer Notification Protocols put into place
3/17 Chief of Medicine updated 1600, request for Outpatient Specialty Respiratory Dept to begin 3/19
3/18 Creation of Outpatient Specialty Clinic forms which would allow for high influx of patients
3/18 Contacted Eastern Cardiology for notification of Outpatient Clinic relocation to administrative hall
3/18 HEICS Meeting 1p – review Outpatient Respiratory Specialty Clinic operational plan – Q&A
3/18 Physical creation of Outpatient Clinic space, respiratory distress/CODE room, operationalized plan
3/19 Go-Live with Outpatient Respiratory Specialty Clinic 8-5p
3/20 HEICS meeting 10:30-11:30
3/20 Surge Patient Capacity shared with coalition Orange Surge Capacity ≤16 inpatient beds, Red Surge Capacity ≤24-28 inpatient beds (discussed with HEICS committee, DON, Inpatient Medical Director)
3/21 Creation of Staff and Provider Newsletters to release clinical guidance & updated information
3/22 Creation of Human Resources Employee Letter stating "Essential Hospital Employee Status" in case of state-wide or Washington County "Stay In Place" order
3/22 Creation of Outpatient Respiratory Clinic Toolkit for screening, testing, and treatment for other facilities
3/23 Creation of visual timeline for COVID-19 preparedness in the Admin Hallway for employees/public
3/23 Readiness for Inpatient Capacity – walk of additional rooms, identification of repairs
3/23 Review of Med-Surg Inpatient Charting changes for surge capacity – submit to DHHS CMS (if required)
3/23 ED Acuity Readiness – creation of quick charting for intubation, see Respiratory Distress Handoff 1pg
3/23 HEICS meeting 10a

Continued monitoring of CDC, WHO, NCDHHS updates, guidelines, and webinars for healthcare worker updates as they post to ensure we are disseminating the most current information and guidance to our staff, patients, and family/community members.

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March 14, 2020

Good Evening WRMC Team Survivor employees:

As we have received the news the Gov. Roy Copper has ordered North Carolina public, private, and charter schools closed effective immediately through at the earliest March 30th, we understand that this is a public health decision out of abundance of caution to try to assist in the social distancing guidance issued by the CDC. We are following CDC and WHO daily briefings and webinars, as well as guidance by North Carolina Department of Health and Human Services (NCHHS) for Hospital and Healthcare worker guidance. We will have posted in the Hospital Conference Room the WRMC COVID-19 Response Timeline to visualize all efforts in place by your corporate and local team to ensure that we are protecting you and assisting the community during this uncertain time.

A few specifics for employee review:

1. We will offer attendance policy grace for the next 72hrs while employees organize childcare only if needed - communicate directly with their supervisors/managers
2. We ask that all employees communicate directly with their supervisors/managers as soon as they feel that they cannot work their shifts - NO CALL/NO SHOWS will not be tolerated, patient safety is at risk and we need time to plan for safe staffing numbers
3. We will be instilling the NCHHS and CDC recommended further visitor restrictions for Hospitals and healthcare organizations to protect the vulnerable patients (immunocompromised, geriatric/older)
4. N-95 mask use will be MANDATED for all employees traveling through the ED hallway, ED registration, and inside the Emergency Department throughout their shift at all times that there is a single patient in the department/hallway
5. Environmental Services will need to adjust their schedules to allow for a 2nd shift staff member (until 9p) to complete a second daily deep clean of the Emergency Department, ED registration, and ED hallway/public bathroom in the evening hours
6. Dock Entrance (beside the cafeteria) will be open to allow employees to enter for their shifts from 6a - 8p EVERY day and the front lobby entrance will be open during daylight hours only on Saturday and Sunday for limited visitors to avoid visitors from walking through the ED hallway to the Med-Surg unit (please adjust locking schedule by Plant Ops / Registration staff)
7. Infection Control Committee in conjunction with the Quality Committee will convene an additional meeting at 10am on Monday 3-16, and each Monday at 10am throughout this public health concern. This will allow time to review staffing and charting guidance that can temporarily be lifted if we move into a high patient capacity Med-Surg scenario (ALL ARE WELCOMED TO ATTEND - in the conference room).

Remember that any staff that develops a temperature of 100.0 or higher must present to the hospital for flu and if needed COVID-19 testing via Employee Health. All staff is welcomed to wear N-95 all shift regardless of what department /where in the building/clinic they work.

Please follow the CDC guidance on Respirator Mask use:

- Please complete a Fit Test with Employee Health (Monday/Friday 9a-9p) or the lab/administration team any time PRIOR to using a mask, this ensures you know how to apply the mask and store it between use, as well as that you get the right size
- Limit respirator use during training by taking the mask you are fitted with, labeling with your name, and using the mask as your first mask inside the hospital
- Extend the use of N-95 respirators by wearing the SAME N-95 for repeated close contact encounters with several different patients, without removing the respirator (remember the guidance to wear a mask is to protect YOU, the healthcare worker, from exposure to COVID-19)
- N-95 respirators may be used beyond the manufacturer designed shelf life if needed

Patients ARE NOT to be given an N-95 mask! This type of mask is NOT a simple barrier mask like the smaller earloop mask that registration gives a patient who has a cough to avoid their droplets landing on hospital surfaces if they are coughing. N-95 masks are a restrictive airflow mask, meaning that the wearer has to use effort to pull air through the mask and those with severe asthma, COPD, or other pulmonary conditions would be unable to pull enough fresh oxygen through the mask, leaving them at risk of building up carbon dioxide and in danger of respiratory distress.

Let your manager/me know however we can help. Remember that as we got through all of the prior trials this campus has faced in the last year - it will be focusing on the care we give the patients in front of us ***AND*** the compassion we give to the co-worker working beside us that helps us through! WE ARE TEAM SURVIVOR!

**Please feel free to print and post this at work stations and forward to co-workers
who are new and do not have an employee e-mail as of yet**

Sincerely,

Dr. Lee Anne Sorto, DNP, FNP-C

Clinical Associate Administrator
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WASHINGTON REGIONAL MEDICAL CENTER

March 2020
Staff Newsletter

LEADERSHIP CORNER

"EVERYTHING YOU'VE EVER WANTED IS ON THE OTHER SIDE OF FEAR."
- George Addair

Good Day Team Survivor!

As many of you know I paid a surprise visit to the campus this past week and brought a couple of new partners with me. Aaron Metaj with Northwinds and Red Oak Capital is the financing team we are using to purchase the hospital on March 31st. While there is nothing in life that is 100% guaranteed Aaron was so impressed with the hospital and all of you he told Tom this deal is getting closed on the 31st! I also had the appraiser Matt Benyon out to walk around and take pictures and measure to provide a valuation for the facility that will ultimately allow us purchase the hospital.

Our hope is to have most if not all of the Affinity Executive team at the hospital for the closing. We will arrange a press conference right after we sign the contracts in the conference room. We should have lots of pictures of the event and make a positive news impact not just about the closing but more focused on all the great work you are doing in the face of a national epidemic. Over the coming weeks we will receive national attention for our efforts with respect to the Corona Virus as we will be making many firsts!

To say I am so proud of all of you would not do justice to the way I feel about all of you. I have watched you battle through horrible situations and celebrate the victories with equal determination. You have been loyal to each other and have shown that each one of you is not only the best in your profession but fantastic human beings! It is my honor to represent you and to work beside you. On my honor I will work every day to help us grow and prosper over the coming years. It is so exciting to know where we are heading and how much fun it will be to travel there beside all of you. Thank you and get your roller skates out it is about to get fun, fast and furious!

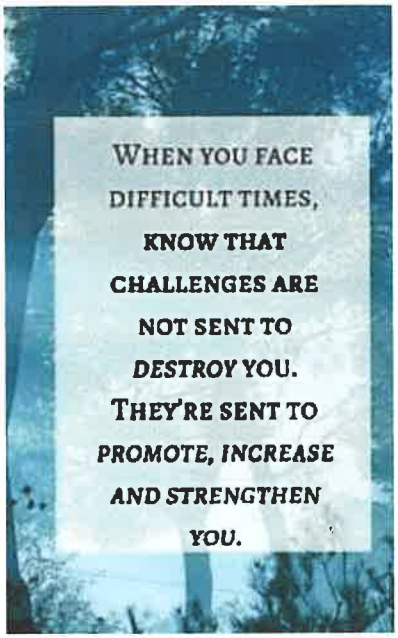
Frank T. Avignone IV
Chief Executive Officer

"To Accomplish Great Things, We must not only Act, but also Dream; not only Plan, but also Believe." - Anatole France

America's healthcare workers, despite their importance to our society, often are unsung heroes. Often administrators to healthcare organizations, the general public, and even patients forget to show their appreciation and gratitude for your significant contributions to patients and medical care, many times coming at a personal sacrifice! So... let's take a moment to recognize one another in this building!

Individually each of us has a small piece, but together we are an amazing portrait of what it looks like to provide healthcare services, education, and support needed in rural health for Eastern North Carolina. Whether you are cooking food for patients' souls, cleaning so they aren't scared to come in to seek medical care during this pandemic, stocking and verifying medications, fixing the equipment and building that we all work in, or coding/billing to allow for reimbursements. Or maybe you are on the frontlines of direct patient contact in medical staff, nursing, lab, respiratory, radiology, PT/OT, or registration you are an invaluable piece of our puzzle! Without one of you, we are less than the whole!

Lee Anne Sorto – Clinical Operations Administrator



Thought, Word, Deed

FRIENDLY REMINDERS

HIPAA means that a patient's medical care is confidential, and even though COVID-19 is a public health crisis, it doesn't mean we speak to others about who was tested or the results of any patient.

Staff Education Opportunities

ACLS, BLS and PALS training- Karen Bell RN, Nurse Educator will start holding classes for AHA certifications. ED nursing staff will be required to have all 3 certifications; Med-Surg nursing staff requires BLS and ACLS certifications. All WRMC will be required to have BLS certifications. We are holding classes in April, if your certification is expiring, please e-mail kbell@affinity-wrmc.com

As we grow, our family grows:

We would like to welcome to the team our recent new hires:

Teresa Bonds (Housekeeping)
Michele Waters (Emergency Dept)
Harmony Harris (Med-Surg Dept)
Vivian Norman (Med-Surg Dept)
Cody Speller (Respiratory)
Laurie Woodley (Radiology)
Donna Manseau (HIMS)
Amanda Gay, FNP (Plymouth Primary)
Lillian Wiggins (Registration)
Micole Izaguirre (Med-Surg Dept)
Neil Pierce (Emergency Dept)
Jennifer Steele (Emergency Dept)
Jennifer Modlin (Respiratory)
Victoria Dail (Emergency Dept)
Debora Spencer (Respiratory)
Amaryllis Torres, FNP (Plymouth Primary)

Congralulations !!!!

Matthew Alligood, RN, BSN
Promoted to Director of Nursing

Matt joined WRMC in September 2019 as the Assistant Director of Nursing, coming from Vidant Medical Center's largest two floor inpatient unit - Cardiac Intermediate Unit (CIU), a 68 bed inpatient unit, with interpretation of complex cardiac rhythms, arterial and central line management, BiPap and cardiac monitoring, arterial blood draws, and pre/post cardiac cath and cardiothoracic surgery management. Matt was a Lead Charge Nurse and Trainer for a staff of over 90 nurses, CNA II, travelers, and unit clerks. He was a lead educator on launches of new products, drips, defibrilators, and an Epic (EMR) SuperUser.

Since Matt has joined WRMC, Nursing has decreased ED throughput times through increased staffing, promoted the hospital's Swing Bed unit in the region, and advocated for increasing nursing support. Nursing has increased telemetry competency and began a Company Based Orientation (CBO) plan.

Matt has been married for 14 years, his wife Nicole and him have 3 children: Logan (11yo), Hailey (9yo), and Connor (1yo). He is an avid Star Wars fan, as obvious by his office decore, located at the end of the Nursing Administration Hallway. Matt is a Dr. Pepper, chocolate, Star Wars loving person. Don't drink his Dr. Pepper or get in the way of his "Mobile DON" cart, I mean office. Matt is everyone's little brother, and is a good sport about being picked on as the little brother of the group. Matt has grown tremendously in his managerial skills since he joined us. His care and concern for his staff is evident every day. Matt will go above and beyond to get things done. If you need anything, we know that he will help! What a great addition to #TeamSurvivor!

~ Healthcare HR Week ~

It's Human Resources week and WRMC employees are proud to have an amazing HR coordinator, even if it is on the interim. Please join the Employee Experience Team in wishing Sandra a Happy Human Resources Week!

Sandra, on behalf of Washington Regional Medical Center employees, I would like to extend our appreciation for the amazing work done by you! Your diligence, self-motivation as well as dedication to always go the extra mile in order to achieve the best possible results is really admirable. We know the amount of effort that you put into your job and we want to assure you that your efforts are significantly appreciated. As a sign of our appreciation, we hope you enjoyed the candy, thank you for your hard work and effort. Once again, thank you so much! We are lucky to have you on our team!!

Sincerely,

Washington Regional Medical Center Employees

If you have an employee you would like to "shout out" appreciation for newsletter please contact Dee Barnes (Dietary)

SHOUT-OUT those who are a little older, but wiser for it!!!

March Birthdays

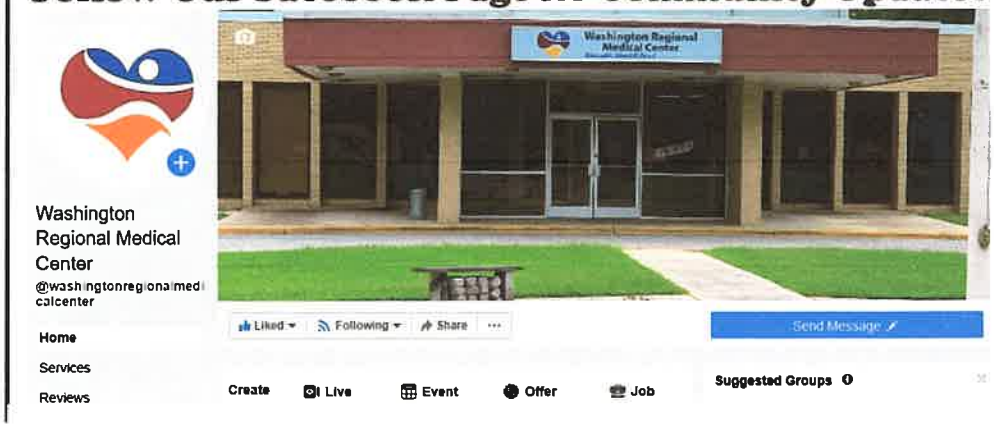
- Barden Browning, Pharmacy
- Allie McKeel, LPN, Inpatient
- Teresa Barber, RT, Respiratory
- Rhonda Britton, RN, ED
- Edith Berry, MLT, Lab
- Colleen Ireland, MLT, Lab
- Vanessa Spruill, Communications
- Christina Onorato, Phleb., Lab

Now Open ~ Outpatient Respiratory Clinic

Clinic open to redirect area symptomatic patients for Respiratory Screening for COVID-19 Testing for area Primary Care/Pediatric clinics/Urgent Cares, or anyone to Walk-In to see a PROVIDER and be treated for a variety of respiratory illnesses during this difficult time! We have collected ZERO co-pay money from the patients we serve through this Clinic; even uninsured patients are not paying a co-pay upfront as we are awaiting Congressional legislation. Phone:793-7605

This will allow patients who are concerned they may have COVID-19 to come be screened by a health-care professional. However just because a patient is screened, does not necessarily mean they will be tested. The guidelines for the test are issued by the CDC: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Follow Our Facebook Page for Community Updates



Committee Meetings

held Thursday, March 26th of this month

* Quality (QAPI) Committee (held at 10:00) CHAIR: Matt / Tasha – the quality improvement (QI) team is charged with carrying out improvement efforts or identifying areas in need of improvement around the campus

* Infection Control Committee (held at 10:30) CHAIR: Matt / Tasha – coordination, implementation and evaluation of a comprehensive infection control program to improve patient outcomes and employee safety

* Policy & Forms Committee (held at 11:00) CHAIR: Muffin – group that reviews existing hospital or rural health clinic polices or forms submitted

* Environment of Care Committee (held at 11:30) CHAIR: Chris/Muffin – reviews the building, campus space, equipment used to support patient care or safely operate the building, including emergency/disaster preparedness

* Compliance Committee (held at 12:00) CHAIR: Sandra – managed by the compliance officer, this committee assists in the implementation of a compliance program to monitor fraud, waste, or abuse and audit findings

* Employee Experience Committee (held at 2:00) CHAIR: Muffin – group whose mission is to increase employee satisfaction and appreciation to include Employee Banquet, department national appreciation weeks, and coordinates the annual Hospital Week events (meetings on other dates)

* Customer Engagement Committee (held at 2:30) CHAIR: Matt – group whose mission is to increase patient or their family's experience and satisfaction while engaged with the facilities or staff within any department within the hospital or rural health clinic (meetings on other dates)

* Falls/Safety Committee (held at 3:00) CHAIR: Matt / Barden – group who creates policies/programs to increase patient & employee safety at WRMC

* Community Outreach Committee (held at 3:30) CHAIR: Sandra – group whose mission is to increase the hospital's presence in the region through participation in local events such as parades, festivals, and sponsorships, as well as the on-campus annual activities of Kids' Fest & Fall Family Festival

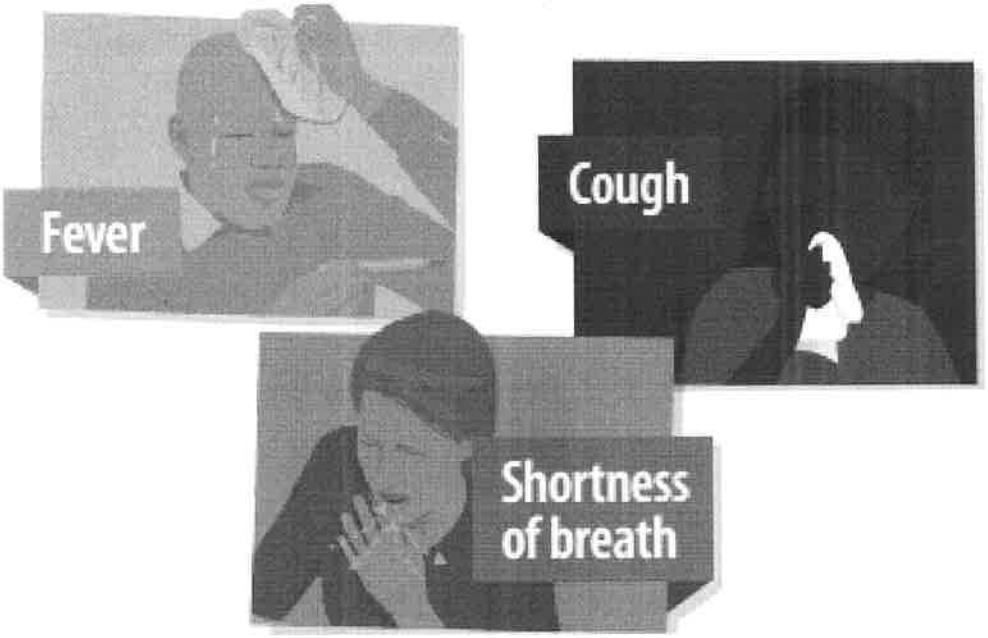
Staff Shout-outs

- **Cathy & Dorothy (PPC) help office with extra hours/duties**
- **Michelle & Victoria (PPC) –being willing to help at the Resp Clinic!**
- **Rose (PPC) – always helping out**
- **Entire Lab Dept – CLIA survey and absorbing ↑#lab= COVID-19**
- **Alma & Debbie creating med cart for Respiratory Clinic**
- **Denise (ED) for the empathy you show every patient/family**
- **Shenika & Tina (Rad) for all the extras hours to cover the dept**
- **Donnel (EVS) helping a patient in from their car with care**
- **To all depts for working as a team to keep this hospital alive!**
- **Karen, Janie,& Tina (ED) cross-trained to cover Registisration**
- **Med-Surg nurses/Karen (FNP) for covering the ↑ pt volume**
- **Laurie for completing the IVC education and 3 successful intubations= ↑ patient outcomes!**
- **Entire EVS Dept for extra hours to keep our hospital clean/safe!**
- **Plant Ops staff for all the heavy lifting/fixing to open RespClinic**
- **Sharon for helping Resp Clinic**
- **Olivia for helping Quality Dept**
- **Matt/Sandra/Muffin for the many hats you wear everyday!**
- **Ebony for volunteering always!**
- **Shanekia and Heather- creating US/CT Provider Decision Tool**
- **Karen Bell for teaching great courses&training a lot new staff**
- **Corporate Team for fighting for our site against all odds always!**

If you have any suggestions or newsworthy information please contact Matthew Alligood via email at malligood@affinity-wrmc.com and we'll be sure to add it to our next edition...

Please read before entering.

IF YOU HAVE



Please call our office before coming inside.

Clinic Phone # **Plymouth Primary Care 793-4500**

May be seen in the Walk-In Respiratory Clinic in Outpatient Nursing

The clinic staff may ask you to wear a mask or use tissues to cover your cough.

Thank you for helping us keep our patients and staff safe.

CDC

For more information: **www.cdc.gov/COVID19**

Washington Regional Medical Center

Thought, Word & Deed

Washington Regional Medical Center

Thought, Word & Deed

In order to help protect our patients, family members and health care workers from the spread of COVID-19, no visitors will be allowed in our building effective at 12am on March 24th, except in the following situations:

- **Hospitalized minors, or minors in the ED or clinic (one family member)**
- **Patient at the end of life (maximum of two family members)**
- **Patients with dementia or lacking the ability to communicate their needs or make decision (one family member)**

We apologize for the inconvenience. The welfare of your family and our family is our utmost priority. We thank you for your cooperation.

WASHINGTON REGIONAL MEDICAL CENTER

Coronavirus Visitor Screening

Date	Time	Name	Cough	Shortness of Breath	Stomach Symptoms: upset, nausea, diarrhea, pain	Fever	Temp	Initials

***** Please sign-in and answer yes or no to the following symptoms**

A hospital representative will take your temperature ***

Kdbw-3/20