

Question:

Is an N95 always needed to collect a COVID test specimen? Is a surgical mask ever okay?

Answer:

An N95 mask is required for aerosol producing activities. COVID specimen testing that involves nasopharyngeal swabbing and may produce a significant cough is deemed an aerosol producing activity by Kaweah Delta. However, COVID specimen testing performed by swabbing the inner nares of the nose would require only a surgical mask as it is not considered aerosol producing.

Question:

I have no contact with patients, is it okay for me to wear a cloth mask or do I need to wear the surgical mask that Kaweah Delta provides?

Answer:

Kaweah Delta issued PPE must be worn for any patient in isolation. Cloth masks can be worn in office spaces that do not exist in buildings where patient care is delivered.

Question:

Other than call a supervisor, who do I call after hours if I am feeling sick?

Answer:

After hours you would call your supervisor or the staffing office as you normally would. If you have COVID-like symptoms, then you would notify Employee Health during business hours as soon as possible.

Question:

What options are there with face shields when they interfere with our work?

Answer:

Face shields are preferred as they protect the face as well as the mask. If staff are unable to tolerate the face shield or it impedes with necessary work, goggles are an approved option. Central logistics does have a small variety of face shields that can be tried. Please work through your manager to try other options.

Question:

My department isn't seated 6 feet apart. Is this still okay?

Answer:

If there is less than 6 feet between people, a mask must be worn. If you work in a non-patient care area and your workspace includes two or more people sitting less than 6 feet from each other, a mask must be worn.

Question:

Are temperatures being taken at the entrances by the screeners?

Answer:

They are being taken at the downtown campus, West and South campus, all outpatient Therapy Clinics, Exeter Clinic, and Chronic Dialysis.

Question:

What approved COVID disinfectants are available? And when do we expect to have PDI (purple top) wipes?

PPE Pulse Survey Q&A

Answer:

COVID approved disinfectants are: QT3, Oxivir, Vindicator, and PDI wipes. Due to lack of raw materials, there is no end in sight of the intermittent delivery of the PDI wipes. We cannot rely on any shipments of PDI wipes at this time. Once they are reliably available we will return to widespread use.

Question:

Are the new hand hygiene badges defeating the purpose of hand hygiene? Do you have to touch the badge?

Answer:

To record an observation on the Biovigil badge, please cup your hand over the badge about an inch away, you do not touch the badge sensor. The badge is cleaned prior to being docked at the end of each shift, you can also clean it throughout the shift with a hospital-approved disinfectant. Please spray the cloth and wipe. Do not directly spray the badge sensor.

Question:

How often are our guidelines about PPE use evaluated and adjusted?

Answer:

The PPE Planning Committee meets twice a week and evaluates our current supply of all COVID-related PPE and other critical pandemic related supplies. Adjustments are made quickly and readily each week to be proactive to the districts needs.

Question:

What options are available to assist with uncomfortable masks or skin integrity issues from prolonged wear of N95s?

Answer:

Please work with your manager to identify if there is a different mask that fits better. Some of the masks are more comfortable than others. With supplies being impaired, we attempt to order the most comfortable ones possible. Skin prep pads are available. Managers can contact Emma Mozier or Kari Knudsen to get a supply for their unit. For larger skin integrity issues, Employee Health can be consulted.

Question:

What is our current PPE supply like? Will we have enough for flu season?

Answer:

Based on our current usage patterns and ability to procure PPE- on average, we have a 90 day supply on hand for masks and gowns. We are actively working on building up our surplus inventory now. Availability of supplies is not yet "normal" but it is much easier to get than it was over the first 5 months of the pandemic.

Question:

How long will we continue to wear masks?

Answer:

The decision to stop universal masking will depend on several factors, primarily, the state and county guidelines for masking and Infection Prevention's evaluation of Kaweah Delta specific risks. Projections from the CDC and the World Health Organization are that mass availability of a vaccine for the whole population will take about 12-18 months - we will likely wear masks until then.

Question:

Can we get higher quality surgical masks?

Answer:

Most patient care areas are on par supply of masks now. These masks come from Cardinal and are the same surgical masks we have always had. We have received some surgical masks from the county and are purchasing others from reputable vendors. If you find you are using a mask that is low quality, please reach out to your manager and have them contact Central Logistics for a replacement.

Question:

Are employees going to be able to be tested if they have a possible exposure, even if they are asymptomatic?

Answer:

Employee Health will continue to monitor employees who report symptoms or have an exposure; testing occurs if symptomatic. Employees can access antigen testing available to the community through the Rural Health Clinics for testing on your own as well.

Question:

How many masks are we allowed per week? Is it one per day?

Answer:

Employees receive one surgical mask per day to be replaced when soiled or damaged. N95 masks are limited reuse based on the COVID PPE guidelines, Infection Prevention Policy, and Special Precautions. N95 masks should also be replaced when damaged, soiled, or compromised in any way.

Question:

What steps do I take if staying home due to fever and other symptoms? How long before I can return to work?

Answer:

If you're sick with symptoms that could be COVID-19, notify your leader and/or staffing as you normally would. Then call Employee Health and report your symptoms. They will let you know if you should get tested or return to work when symptoms resolve. If you are not COVID positive, you may return to work when your symptoms resolve as you normally would. If you are COVID positive, then you will return to work once Employee Health releases you, in general 10 days after your symptoms began AND 3 days have passed since recovery which is defined as: resolution of fever without fever reducing medications and improvement in respiratory symptoms.

Question:

Why did the full face masks that many of the physicians use get banned?

Answer:

The MasksOn Face Shield was banned for the following reasons: it was authorized for use as a face shield to be used only when FDA-cleared face shields are unavailable; it makes no claim of infection prevention or reduction; it could only be cleaned by submersing the entire mask in 10% bleach solution. The face shield was not put through the FDA process to be approved for prevention of the spread of infection. We have approved products available and would be out of compliance allowing this mask to be worn if it exposed someone to an infection.

Question:

Why are we using a dry swab to test asymptomatic patients (especially when these have a history of giving false negatives)?

Answer:

The type of the swab is not tied to whether or not the patient is symptomatic or not. I believe the question is asking why we use ID Now as opposed to BD Max PCR. All molecular assays are highly sensitive and specific. During this pandemic, the test chosen is a result of when results are needed, what is available, or specific requirements by a facility. ID Now results quickly and is used for emergent, STAT, or time sensitive results.

PPE Pulse Survey Q&A

Question:

Why aren't monies being allocated for proper PPE supplies/stock instead of the new hand washing system being implemented?

Answer:

PPE is purchased proactively and constantly. Supply deficiency is related to inability to obtain a steady supply chain, not a lack of spending. The Biovigil System paid for itself 4 times over in the 5 month pilot on 2 units. Going house-wide with this technology offers increased patient safety and reduction in Hospital Acquired Infections which also saves money. Whenever PPE has become available from vendors we place orders. We continue to build a stockpile and use the supply we have carefully so we do not run out of it if a surge occurs as we wait for a vaccine. We have never not purchased available PPE and have funds allocated to purchase it whenever it is available to us.

Question:

Can we get a statement on pregnant clinicians caring for COVID + patients?

Answer:

Pregnant clinicians can provide care to COVID + or COVID rule out patients. If a pregnant employee receives instruction from their physician restricting any part of their typical job functions, Human Resources has a process to evaluate accommodations.

Question:

Are clergy allowed to visit patients who request them or who need last rites if a patient is dying?

Answer:

Yes. Effective 10/19, clergy will be allowed to visit during visiting hours 8AM to 8PM in addition to the one visitor that is allowed for most patients.

Question:

When will visitors be allowed in the hospital and how many people can visit?

Answer:

On 10/19, we welcomed visitors back into the hospital at the main campus. Each patient who is not in isolation for COVID on the inpatient acute care setting will be able to have one visitor per day between the hours of 8AM and 8PM. Each visitor will be screened, and if any symptoms of COVID exist, they will not be permitted to visit. The visitor is one unique person per day; they cannot swap out their visitor. Each patient will have the opportunity to name their visitor for the day. If they are unable to communicate their choice, then their emergency contact will be allowed to visit.

NICU, Peds, L&D, and Mother Baby continue to utilize their processes for visiting. The Emergency Department is allowing visitors based on the clinical condition and need of the patient. Two designated visitors continue to be allowed for end of life situations. One designated visitor is allowed any hours of the day for: patients with deteriorating condition or critical care decisions are needed, major surgery or trauma, patients who benefit from the presence of a caregiver due to need for supervision or mental status.

Question:

Do we still ask the house supervisor if special requests are needed for visitation?

Answer:

If it is a special request outside of the new visiting guidelines and exceptions, then the house supervisor will need to be contacted.

Question:

Are changes to the visitor policy permanent or temporary?

Answer:

We continue to evaluate our counties guidelines for congregating to make safe and well informed decisions. CDC and California Department of Public Health (CDPH) continue to recommend the limitation of visitors so we continue to limit large numbers of visitors. We will adjust our policies as needed to meet the needs of our patients and comply with guidelines.

Question:

By letting visitors in the organization will we have to wear N95 masks all the time?

Answer:

No, we continue to use universal masking and face shields for close contact. Visitors will be given a surgical mask to wear upon entering our facilities.

Question:

Visitors at Mental Health are so important to recovery, are we closer to allowing visitors there?

Answer:

Our recent policy changes apply to the inpatient acute care areas at the main campus. Rehab and TCS are allowing visitors through a very structured process that meets their regulatory expectations, we continue to evaluate how to safely allow visitors at other inpatient and outpatient areas.