

NYSNA Recommendations and Resources for Reopening during COVID-19

Pediatric Settings: NYSNAs Nursing Education & Practice and Health & Safety



Unit	Pre-Screening	Criteria for Testing	Unit Modifications	PPE	Cleaning	Visitor Access	RN to Patient Ratio
Pediatric	<p>Evaluate necessity of care on a Pediatric unit based on clinical needs. Prioritize services that if deferred are most likely to result in patient harm.</p> <p>Establish designated zones where patients can be screened for COVID – 19.</p>	<p>PUI's should be prioritized for testing.</p> <p>If patient presents with any of the following they should be tested:</p> <ul style="list-style-type: none"> • Cough • Sore throat • Chills • Repeated shaking with chills • Muscle pain • Headache • Loss of taste or smell • Contact with someone known to have COVID-19 • Fever of 100 F • Shortness of breath <p>For patients undergoing a procedure or operation, a viral test should be performed 24 hours prior to the procedure. If testing is not available, patient should self-quarantine for 14 days prior to the procedure.</p>	<p>Pediatric units should be designated as Non-COVID –vs- PUI/COVID units.</p> <p>Maintenance of 6 feet of more distancing between patients.</p> <p>Air handling systems with appropriate directionality, filtration, and exchange rate should be installed and maintained. AIRR should have a minimum of 6 air exchanges per hour and air from these rooms should be exhausted directly to the outside or through a HEPA filter before recirculation.</p> <p>All doors should remain closed except when entering or leaving.</p> <p>Concurrently:</p> <ol style="list-style-type: none"> 1. Conduct air flow inspections to determine what improvements can be made. 2. Begin investigating 	<p>All patient care staff should be wearing N95 or better equipment with eye protection (personal glasses or contacts not adequate). Gloves, isolation gown for nurses on COVID units.</p> <p>For Non-COVID units surgical mask, gown, gloves, as per usually and ordinary standards of practice.</p> <p>For the patient: Surgical masks</p> <p>Departments should start to incorporate elastomeric equipment to build greater resiliency during the crisis.</p>	<p>Hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.</p> <p>Use EPA approved emerging viral pathogen cleansers.</p> <p>Clean and disinfect all surfaces before and after all treatments.</p> <p>Sanitize all high touch surfaces.</p> <p>Disposable medical supplies should be discarded not reused.</p>	<p>Refuse visitors who have symptoms or test positive on screening.</p> <p>Visitors should be made aware of visitor policy and requirements including wearing surgical masks, handwashing and any limitations on visitation.</p> <p>Limit visiting hours and use of visitor rooms.</p>	<p>RN's should not float between COVID and non-COVID units.</p> <p>Staff should be continuously and routinely screened for symptoms of COVID.</p> <p>Pediatrics 1:4</p>

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			<p>the use of dedicated downward flow ventilation directly over each patient area.</p> <ol style="list-style-type: none">Air changes should be boosted above 6 per hour, incorporating more outdoor air.Conduct air flow inspections to determine problems and arrive at recommendations for moving contaminated air quickly away from patients and staff.				
<p>Resources: https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf https://psnet.ahrq.gov/web-mm/nurse-staffing-ratios-crucible-money-policy-research-and-patient-care-nursingeducation.lww.com/blog.entry.html/2016/11/10/the_importance_ofth-GCAE.html</p>							