Clinical Research Unit (CRU) Reactivation Playbook

Date Effective: 5.26.2020

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Version 1.6
CRU Reactivation Playbook

Ambulatory CRU Galter 15

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Ambulatory Reactivation Guiding Principles

1) Ensure safety for all patients and NM team members.

2) Maintain readiness for a COVID-19 resurgence.

3) Equip clinical and operational leaders to determine the local sequence, pace and approach for reactivating care based on facility, staff, supply, testing and PPE availability.

4) Continue to focus on wellness as we acknowledge and respect physician and employee experiences relative to COVID-19.

5) Identify lessons learned and emerging best practices, technologies and tools.

**This playbook contains only information that is directly related to the activities occurring within the CRU. For more information about activities not listed in this playbook, please refer to the information provided directly on the NMI webpage.

**All information present in this playbook is based on guidelines presented by NMH, NU, CDC, and other partners in care of our research subjects. We are making every attempt to update this reactivation playbook as new information is being presented daily, so please know that any copies of this document saved or printed may no longer be accurate. For the most up to date information, please see NMI and/or NU and/or CDC websites. We thank you for your dedication to our reactivation and your efforts to stay up to date on the latest guidelines to ensure safety of our subjects and staff.
Section 1: NM Guidelines for Ambulatory Areas

General Cleaning

UPDATED GUIDANCE FOR CLEANING & DISINFECTING

Overview

- NM cleaning protocols meet the CDC guidelines for cleaning and disinfecting practices for COVID-19 and other communicable diseases.
- NM is increasing the frequency of cleanings to further ensure a consistent, safe environment for patients, employees, and visitors.
- Enhanced visibility of cleaning frequency is being implemented to increase knowledge and assurance of our safe environment at NM.

What you need to know

- Handwashing is the most important factor to reduce the spread of illness.
- Wear gloves as appropriate for the chemicals being used when cleaning and disinfecting.
- Frequently touched surfaces and areas will be cleaned more often in partnership between NM Environmental Services and individual departments.
- Be mindful of physical distancing when performing cleaning and other job duties.

Refresh on cleaning protocols

- CLEAN VISIBLY DIRTY SURFACES prior to disinfection.
- USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.
- ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions.
Please note: Management of laundry, food service utensils, and medical waste should continue to be performed in accordance with routine procedures.

Public Spaces

The frequency of cleaning has been increased in all public spaces with an emphasis on frequent contact surfaces including, but not limited to, reception/patient check-in desks, elevators and elevator buttons, door handles, public restrooms, escalator and stair handrails and dining surfaces. • **Owner:** NM Environmental Services / 3rd Party Contractor

Ambulatory Clinics and Outpatient Diagnostic Areas

Daily cleaning and disinfecting will continue to be performed pursuant to regular cleaning guidelines. This scope includes, but is not limited to, sanitizing all hard surfaces, sinks and faucets, cleaning walls and glass, vacuuming, emptying and cleaning trash receptacles and restrooms. • **Owner:** NM Environmental Services / 3rd Party Contractor

Customary cleaning of exam rooms, procedure rooms and diagnostic areas should continue to be performed between patients as required by policy. Requests for terminal cleaning should be made to NM Environmental Services or Property Operations.

In addition, high-touched items should be routinely cleaned. These items may include chair arms, door handles, check in/check out desk surfaces, keypads, phones, touch screens, light switches, hand rails, and other shared surfaces such as shared carts or file cabinet handles. More frequent cleaning and disinfection may be required based on level of use.

  • **Owner:** NM Clinical Department

Administrative Spaces

Daily cleaning and disinfecting will continue to be performed pursuant to regular cleaning guidelines. This scope includes, but is not limited to, sanitizing all hard surfaces, sinks and faucets, cleaning walls and glass, vacuuming, emptying and cleaning trash receptacles and restrooms.

  • **Owner:** NM Environmental Services / 3rd Party Contractor

In addition, high-touched items should be routinely cleaned. These items may include chair arms, door handles, desk surfaces, keypads, phones, touch screens, light switches, hand rails,
and other shared surfaces such as shared carts or file cabinet handles. More frequent cleaning and disinfection may be required based on level of use.

- **Owner:** NM Administrative Department

If you have specific questions about the required cleaning response for procedures performed in your area, please refer to the “Clinical Care & Support of the ROCOVID or COVID Patient” document located on NMI or via this link: https://nmi.nmh.org/wcs/blob/1390904506157/20200321-specific-guidance-for-tasks-in-care-of-the-ro-or-confi.pdf

**Ordering Cleaning Supplies:**

All disinfecting wipe supply orders are being filled through materials management and supply chain directly. Please place your cleaning supply orders using the following methods:

- **Buildings in the Central and North Regions** can request by emailing nmgsupplies@nm.org.

- Buildings in the west and NW can email rmgsupplies@nm.org.
## Waiting Area Seating

### Facilities Reactivation

#### Local Contacts for Assistance/More Information

- **Central Region:** Carol Feiner  [carol.feiner@nm.org](mailto:carol.feiner@nm.org)  312-926-8442
- **North Region:** Don Colbert  [dcolbert@nm.org](mailto:dcolbert@nm.org)  847-535-6565
- **West Region:** Kurt Skipper  [kurt.skipper@nm.org](mailto:kurt.skipper@nm.org)  630-933-6529
- **Northwest Region:** Dylan Degraw  [dylan.degraw@nm.org](mailto:dylan.degraw@nm.org)  815-334-3124
- **Marianjoy:** Doug Stocker  [doug.stocker@nm.org](mailto:doug.stocker@nm.org)  630-208-4181

<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Tactic</th>
<th>Owner</th>
<th>Notes</th>
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<tbody>
<tr>
<td></td>
<td>Waiting Area</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Physical Distancing</td>
<td>Space seats 6’-0” apart; place some seats close for caregiver and patient to sit adjacent; continue to provide a variety of seating (standard chairs and bariatric or love seat) depending on patient type and complement. Check fabrics to ensure they are cleanable.</td>
<td>Construction/ Management</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>Identify alternate waiting spaces (e.g. exam rooms) in the event of overflow</td>
<td>Management</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td>Post approved signage (provided by Property Operations and Facilities)</td>
<td>Property Ops/Facilities/Management</td>
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<tr>
<td>4</td>
<td></td>
<td>Determine seating needs, options with increase in patient traffic; contact construction if unable to solve locally</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Review options for partitions to allow for more seating (Phase 2)</td>
<td>Construction</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Personal Sanitation</td>
<td>Install &quot;sanitation&quot; station or hand sanitizer dispensers at appropriate locations within reasonable distance of each clinic. Confirm locations meet NFPA 101 Section 19.3.2.6 Life Safety code.</td>
<td>Property Ops/Facilities/Supply Chain</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Provide wipes within the waiting room for patients' personal use - as available. Supply chain to indicate availability. (Phase 2)</td>
<td>Property Operations/ EVS/ Supply Chain</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Shared Spaces/Items</td>
<td>Provide additional garbage cans within the waiting space</td>
<td>Property Ops/Facilities</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td>Remove magazines, newspapers, remote controls, and other non-essential shared items</td>
<td>Management</td>
<td></td>
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<tr>
<td>10</td>
<td></td>
<td>Remove educational items available for patients to take; determine if/how to distribute</td>
<td>Management</td>
<td></td>
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<tr>
<td>11</td>
<td></td>
<td>Remove coat hangers or place signage closing a shared storage area</td>
<td>Management</td>
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<tr>
<td>12</td>
<td></td>
<td>Decommission any self-serve refreshment stations and install approved signage</td>
<td>Property Ops/Facilities</td>
<td></td>
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<tr>
<td>13</td>
<td></td>
<td>Decommission phone charging stations, except in OR and ED waiting areas</td>
<td>Property Ops/Facilities</td>
<td></td>
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<tr>
<td>14</td>
<td></td>
<td>Perform PMs/cleaning on equipment and machines that have not been used in more than 7 days. Fixtures should be flushed prior to re-opening spaces.</td>
<td>Property Ops/Facilities</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Cleaning</td>
<td>Refresh staff on updated cleaning guidelines, including routine cleaning of high touch areas</td>
<td>Housekeeping/ EVS/Management</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Physical Distancing</td>
<td>Review the spacing of PSR stations from one another (patients and staff); remove patient chairs leaving some for patients who require this</td>
<td>Construction</td>
<td></td>
</tr>
</tbody>
</table>
Management should work with their leadership to identify and approve locations for plexiglass shield installation in areas in which there is anticipated patient to employee contact for longer than two minutes, where six feet of distance cannot be maintained. All requests should be made to the Property Operations or Construction team once VP approval for installation has been obtained. An order sheet can be obtained by contacting your local contact listed on the top of this matrix.

Set up lines for waiting/queueing at 6'-0” intervals using approved floor cling signage and stanchions as needed. Management/Property Operations/Facilities

Refresh staff on updated cleaning guidelines, including routine cleaning of high touch areas. Housekeeping/ EVS/Management

PSR Team to clean items between patients including: desk surface, electronic signature pad/pen, chair (if present), etc. Management

Practice staff should disinfect Nemo-Q and other high touch areas routinely. Management

Implement clean desk policy - remove items from desktop (e.g., additional pens, post literature to reduce touches). Management

Provide hand sanitizer or wipes at desks. Confirm availability with Supply Chain. Management

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<tr>
<th>#</th>
<th>Category</th>
<th>Tactic</th>
<th>Owner</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Employee Work Space - Clinical, Support Services</td>
<td>Management should work with their leadership to identify and approve locations for plexiglass shield installation in areas in which there is anticipated patient to employee contact for longer than two minutes, where six feet of distance cannot be maintained. All requests should be made to the Property Operations or Construction team once VP approval for installation has been obtained. An order sheet can be obtained by contacting your local contact listed on the top of this matrix.</td>
<td>Construction</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Set up lines for waiting/queueing at 6'-0” intervals using approved floor cling signage and stanchions as needed</td>
<td>Management/Property Operations/Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Cleaning</td>
<td>Refresh staff on updated cleaning guidelines, including routine cleaning of high touch areas</td>
<td>Housekeeping/ EVS/Management</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>PSR Team to clean items between patients including: desk surface, electronic signature pad/pen, chair (if present), etc.</td>
<td>Management</td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td>Practice staff should disinfect Nemo-Q and other high touch areas routinely</td>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Shared Spaces/Items</td>
<td>Implement clean desk policy - remove items from desktop (e.g., additional pens, post literature to reduce touches)</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Personal Sanitation</td>
<td>Provide hand sanitizer or wipes at desks. Confirm availability with Supply Chain.</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Physical Distancing</td>
<td>Review shared, assigned workstations and 6 feet apart - if furniture must be removed, contact construction. Note where challenges present to do so and contact Construction for walk-through.</td>
<td>Management/Construction</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>If needed, conduct walk through of space to review employee workspaces that are less than 6 feet apart &amp; determine solutions</td>
<td>Management/Construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Review shared employee spaces, e.g., break rooms, time clocks, locker areas: place signs to remind of max occupants, 6 feet minimum distancing, remove chairs as needed (call construction)</td>
<td>Management/Construction</td>
<td></td>
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<tr>
<td>27</td>
<td>Identify process, additional space, etc. to allow for distancing during breaks</td>
<td>Management</td>
<td></td>
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<tr>
<td>28</td>
<td>Post approved signage (provided by Property Operations and Facilities)</td>
<td>Property Ops/Facilities/Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Cleaning</td>
<td>Refresh staff on updated cleaning guidelines, including routine cleaning of high touch areas</td>
<td>Housekeeping/ EVS/Management</td>
<td></td>
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<tr>
<td>30</td>
<td>Personal Sanitation</td>
<td>Implement clean desk policy - remove items from desktop (e.g., post literature to reduce touches)</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Review supply of hand sanitizer and wipes in employee work areas, order as needed</td>
<td>Management</td>
<td></td>
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</tbody>
</table>

Public Spaces - If Applicable *Section owned by System Function Teams for owned buildings; Real Estate to communicate with LL for leased space

<table>
<thead>
<tr>
<th>#</th>
<th>Physical Distancing</th>
<th>Identify access points for all buildings (staff v. public)</th>
<th>Security / Access</th>
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</thead>
<tbody>
<tr>
<td>33</td>
<td>Evaluate need for occupancy control measures in elevators, including appropriate signage/floor clings</td>
<td>Property Ops/Facilities/Security</td>
<td></td>
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<tr>
<td>34</td>
<td>Create lines for waiting/queueing at 6'-0” intervals using approved floor clings (near entrances, elevators, restrooms, concierge desks, vending, ATMs, escalators, etc.)</td>
<td>Security</td>
<td></td>
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<tr>
<td>35</td>
<td>Space seats 6'-0” apart; place some seats close for caregiver and patient to sit adjacent; continue to provide a variety of seating (standard chairs and bariatric or love seat) depending on patient type and complement. Check fabrics to ensure they are cleanable.</td>
<td>Construction</td>
<td></td>
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<tr>
<td>36</td>
<td>Post approved signage to remind of infection prevention guidelines</td>
<td>Property Ops/Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Personal Sanitation</td>
<td>Evaluate need for hand sanitizer/tissue/mask station within spaces. Confirm locations meet NFPA 101 Section 19.3.2.6 Life Safety code.</td>
<td>Property Ops/Facilities</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Install wipes or hand sanitizer near all vending machines, ATMS, elevator banks, and other high touch spaces. Confirm locations meet NFPA 101 Section 19.3.2.6 Life Safety code.</td>
<td>Property Ops/Facilities</td>
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<td>Category</td>
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<td>Tactic</td>
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<td>Owner</td>
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<tr>
<td>Notes</td>
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<tr>
<td>Retail / Cafeteria Space *Section owned by System Function Teams for owned buildings; Real Estate to communicate with LL for leased space</td>
<td></td>
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<tr>
<td>Cross Departmental Shared Spaces *Section owned by System Function Teams for owned buildings; Real Estate to communicate with LL for leased space</td>
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<tr>
<td>Conference Center &amp; Classroom Space *Section owned by System Function Teams for owned buildings; Real Estate to communicate with LL for leased space</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Tactic</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail / Cafeteria Space</td>
<td>Space tables and seats 6 feet apart minimum</td>
<td>Property Ops/Facilities</td>
</tr>
<tr>
<td></td>
<td>Set up lines for waiting/queueing at 6’-0” intervals (near entrances, elevators, restrooms, concierge desks, vending, ATMs, etc.)</td>
<td>Security</td>
</tr>
<tr>
<td></td>
<td>Management should work with their leadership to identify and approve locations for plexiglass shield installation in areas in which there is anticipated patient to employee contact for longer than two minutes, where six feet of distance cannot be maintained. All requests should be made to the Property Operations or Construction team once VP approval for installation has been obtained. An order sheet can be obtained by contacting your local contact listed on the top of this matrix.</td>
<td>Property Ops/Facilities/Construction</td>
</tr>
<tr>
<td></td>
<td>Post approved signage to remind of infection prevention guidelines, maximum occupancy in retail spaces, reminders of physical distancing</td>
<td>Property Ops/Facilities</td>
</tr>
<tr>
<td>Personal Sanitation</td>
<td>Install wipes or hand sanitizer near all seating areas</td>
<td>Property Ops/Facilities</td>
</tr>
<tr>
<td>Cleaning</td>
<td>Refresh staff on updated cleaning guidelines, including routine cleaning of high touch areas</td>
<td>Housekeeping/ EVS</td>
</tr>
<tr>
<td>Cross Departmental Shared Spaces</td>
<td>Time clocks: denote 6 foot minimum distancing requirements, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard</td>
<td>Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>Locker rooms: post max occupancy, post approved signs reminding of physical distancing requirements, install hand sanitizer/wipes, ensure cleaning protocol/frequency standard</td>
<td>Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>Unpacking areas: denote 6 foot minimum distancing requirements, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard</td>
<td>Supply Chain/Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>On Call Rooms: post max occupancy, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard</td>
<td>Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>Break Rooms/Canteens: post max occupancy, remove all food/beverage that are not single use/individually wrapped, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard. Work with local Facilities / Construction to identify alternative solutions if physical distancing is not feasible or difficult to achieve.</td>
<td>Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>Physician Lounges: post max occupancy, remove all food/beverage that are not single use/individually wrapped, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard. Work with local Facilities / Construction to identify alternative solutions if physical distancing is not feasible or difficult to achieve.</td>
<td>Property Ops/Facilities/EVS/Food Service</td>
</tr>
<tr>
<td></td>
<td>Mother’s Rooms: post max occupancy, install hand sanitizer/wipes, post approved signage reminding of physical distancing, ensure cleaning protocol/frequency standard</td>
<td>Property Ops/Facilities/EVS</td>
</tr>
<tr>
<td></td>
<td>Perform PMs/cleaning on equipment and machines that have not been used in more than 7 days. Fixtures should be flushed prior to re-opening spaces.</td>
<td>Property Ops/Facilities</td>
</tr>
<tr>
<td>Conference Center &amp; Classroom Space</td>
<td>Remove chairs and tables to allow 6 feet minimum physical distancing</td>
<td>Conference Center</td>
</tr>
<tr>
<td></td>
<td>Post approved signage to remind of infection prevention guidelines (signs provided by Property Ops/Facilities)</td>
<td>Property Operations/Facilities/Conference Center</td>
</tr>
<tr>
<td>Personal Sanitation</td>
<td>Install wipes and hand sanitizer near all seating areas for individuals to sanitize</td>
<td>Property Operations/Facilities</td>
</tr>
<tr>
<td>#</td>
<td>Cleaning</td>
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<td>57</td>
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Visitor Policy

Communication for No-Visitor Policy

For the continued safety of patients, physicians, staff and the community, Northwestern Medicine has implemented visitor restrictions in all of our inpatient and outpatient care sites.

In addition, we continue to evaluate visitor restrictions at each Northwestern Medicine facility. Please see below for updated restrictions for your local hospital or outpatient clinic.

Northwestern Memorial Hospital
Beginning June 5, Northwestern Memorial Hospital visitor restrictions have been updated for Feinberg Pavilion, Galter Pavilion, Olson Pavilion (6th floor) and Prentice Women’s Hospital (Oncology and Antepartum/Postpartum floors). The new guidelines for these parts of the hospital are as follows:

- Two visitors at a time are allowed between 10 am and 6 pm for patients not being treated for COVID-19.
- Visitors must be identified during the registration process by the patient’s clinical team.
- Visitors must be masked at all times, including in the patient’s room.
- All other visitor restrictions remain the same as other Northwestern Medicine facilities as outlined below, including those for the Emergency Department, outpatient clinics, diagnostic testing areas and outpatient surgery areas.

All other Northwestern Medicine hospitals continue to follow the below visitation policy: Patients Admitted to the Hospital

- Patients under the age of 18 (limited to one visitor/companion 18 or older)
- Patients in the Neonatal ICU (limited to two visitors 18 or older, one at a time)
- Patients in need of compassionate care, including pastoral care visits and those at the end of life (limited to two visitors 18 or older)
- Patients in labor and post-delivery (limited to one visitor 18 or older)
- Patients with disabilities who require a reasonable accommodation for assistance related to an intellectual, developmental or cognitive disability (limited to one support person 18 or older)

Patients in the Emergency Department
- Patients under the age of 18 (limited to one visitor/companion 18 or older)
• Patients requiring transportation home after an Emergency Department visit (limited to one visitor/companion 18 or older)
• Patients with disabilities who require a reasonable accommodation for assistance related to an intellectual, developmental or cognitive disability (limited to one support person 18 or older)

Patients in the Outpatient Clinic/Diagnostic Testing

• Patients under the age of 18 (limited to one visitor/companion 18 or older)
• Patients requiring transportation home after an outpatient visit (limited to one visitor/companion 18 or older) ◆ Note: Visitors may be asked to wait somewhere other than the waiting room and will be notified when the patient is ready to be picked up.
• Patients with disabilities who require a reasonable accommodation for assistance related to an intellectual, developmental or cognitive disability (limited to one support person 18 or older)

Patients Having an Outpatient Surgery or Procedure

• Patients under the age of 18 (limited to one visitor/companion 18 or older)
• Patients requiring transportation home after a surgery or procedure (limited to one visitor/companion 18 or older)
• Patients with disabilities who require a reasonable accommodation for assistance related to an intellectual, developmental or cognitive disability (limited to one support person 18 or older)

Additional information on situations when a support person may be necessary can be found on the Inclusion Page.

All patients and visitors will be asked if they have symptoms of COVID-19 or flu. Visitors indicating or showing signs of illness during this screening process will not be allowed to visit or accompany the patient. Patients and visitors who complete the screening will be given a badge to proceed. Patients and visitors without a badge will be asked to return to the screening location to complete their screening.

Below are general scripting guidelines and specific departmental scripting to help communicate the new guidelines.

General scripting for visitor restrictions

• For the continued safety of patients, physicians, staff and the community, we have now implemented a no visitor policy in inpatient and outpatient departments, with limited exceptions.

• If you have an appointment or procedure and need someone to drive you home, you may have one person accompany you for your visit.
• We are asking all visitors if they have symptoms of COVID-19 for flu, including fever, sore throat, cough or shortness of breath. Anyone indicating or showing signs of illness will not be allowed to visit or accompany you.

• **If asked for an exception:** Your care team will need to grant an exception in order to allow a visitor. I can contact your physician and/or nurse for you to discuss your needs.

• Northwestern Medicine has expanded telehealth options for certain types of visits. (Refer to the [tip sheet](#) for details.)

• **Service recovery for upset patients/visitors:** I’m sorry that these changes are impacting you. This policy is in place to help keep you and all of our patients safe. Is there anything you or your family member needs that I can help with? (Patient Relations can assist with service recovery; please contact your team if needed.)

• Thank you for understanding. This is a stressful time, and we appreciate your help in reducing the spread of infection.

**Scripting for NMG and outpatient areas**

• For the continued safety of patients, physicians, staff and the community, we have now implemented a no visitor policy in most inpatient and outpatient departments. Patients younger than 18 may have one adult visitor or companion (age 18 or older).

• If you have an appointment or procedure and need someone to drive you home, you may have one person accompany you for your visit.

• If you are arriving alone, we will have staff available to help you while you are here.

• Thank you for understanding. This is a stressful time, and we appreciate your help in reducing the spread of infection.

**Scripting for outpatient department for patients with children**

• We have implemented new guidelines to help protect the safety of patients, physicians, staff and the community during this time. We are not allowing any visitors under the age of 18 in inpatient or outpatient departments. I’m sorry if this is an inconvenience for you. Is there someone you can call to come and pick up your children?

• If no, please ask patient to reschedule their appointment and apologize again for the inconvenience.
Physical distancing

• Please help avoid the spread of infection by keeping at least 6 feet away from others who are waiting.

For patients asking about COVID-19 in-house

• Northwestern Medicine is currently treating patients with a confirmed COVID-19 diagnosis. Our facilities are well equipped and our employees have the knowledge and tools necessary to treat these patients while protecting the health and safety of our other patients, physicians and staff.
Named Visitors Updates

<table>
<thead>
<tr>
<th>Expected Go Live Date</th>
<th>June 12, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impacted Locations</td>
<td>All</td>
</tr>
<tr>
<td>Intended Audience</td>
<td>Inpatient</td>
</tr>
</tbody>
</table>

What’s Changing

The Visitor Restriction Password field has been modified so staff can easily identify approved visitor(s) for a patient.

For the continued safety of patients, physicians, staff and the community, Northwestern Medicine has implemented visitor restrictions (up to two named visitors) in all of our inpatient sites, with limited exceptions.

Registration will continue to ask patients upon admission if they would like a Private Encounter for house census opt-out. If visitors are identified, the first and last name of the approved visitor(s) will need to be placed in the Named Visitors for this Hospitalization field.

- The names listed will display for House Census for Security and Guest Services to review.
- Once the visitor arrives, Security and Guest Services will ask each visitor if they are experiencing fever, cough, sore throat and/or shortness of breath. Anyone with symptoms will not be allowed to visit.
- Security and Guest Services will look to the House Census and only approve visitors that are specifically listed in the Named Visitors for this Hospitalization field.
- The intent is to limit to the same visitors during a patient’s hospitalization. However, the field can be updated, if needed.
- The information does not cross encounters.
Algorithms for Ill Patients/Subjects

Ambulatory Scheduling COVID-19 Algorithm:

Screening Workflow:

- Patient needs emergent medical attention
  - Send patient to the ED or call 9-1-1

- Patient stable with flu like symptoms AND meets testing criteria (see COVID Testing Criteria on NMI Algorithms)
  - Refer to COVID-19 hotline at 312.47.COVID for Nurse Triage

- Patient stable with flu like symptoms and does NOT meet testing criteria
  - Refer to clinical pool via Epic message
Call Center Workflow (Symptomatic Patients):

- Patient calls
- Do you have any flu-like symptoms including fever and chills, sore throat, cough or shortness of breath?
  - Yes: Transfer patient or send inbox message to COVID-19 Nurse Triage hotline
  - No: Schedule patient
- Nurse Triage assesses further for testing
- Patient doesn’t meet testing criteria: Send message to patient’s provider’s in-office clinical pool
- Provider provides patient with appropriate instruction
Pre-Procedure Testing (Surgery):

- Patient scheduled for surgery
  - Clinical team/Access team enters “Pre-Procedure” FYI flag on patient record
  - COVID-19 Nurse Triage reviews WQ and places COVID-19 order
  - Patient arrives to alternate testing site 48 – 72 hours before scheduled procedure

CDH/DeNors/LFH/ASC: Access team will flag patients
Kish/VW/Huntley/McHenry: Clinical team will flag patients
Pre-Procedure Testing (GI Lab/IR/Cath Lab):

Patient scheduled for aerosol generating procedure

Clinical team enters “Pre-

Procedure” FYI flag on patient record

COVID-19 Nurse Triage reviews WQ and places COVID-19 order

Patient arrives to alternate testing site 48 – 72 hours before scheduled procedure
Pre-Procedure Testing (OB):

1. Patient scheduled for induction or C-section
2. Labor and Delivery team enters “Pre-Procedure” FYI flag on patient record
3. COVID-19 Nurse Triage reviews WQ and places COVID-19 order
4. Patient arrives to alternate testing site 24 – 48 hours before scheduled procedure
Ambulatory Scheduling Algorithm

Effective 05.04.20

**Scheduling**

Patient calls to schedule

- Are you currently experiencing any ILI symptoms?
  - Yes: Do not schedule. Send TE to COVID19 Nurse Triage w/smart-phrase COVID19CALLCTR
  - No: Have you had ILI symptoms in the last 40 days or tested positive for COVID-19?
    - Yes: Schedule Telehealth visit
    - No: Schedule visit per practice protocol

**Practice Front-Desk/PSRs**

Review DAR 1-2 days prior to appointment

- Are you currently experiencing any ILI symptoms?
  - Yes: Visit converted to TH. Provider to review next steps
  - No: Have you had ILI symptoms in the last 40 days or tested positive for COVID-19?
    - Yes: Visit converted to TH. Provider to review next steps
    - No: Patient confirmed for in-person

- Fever > 100 F, New/worsening cough, difficulty breathing, sore throat, headache, chills, body aches, new loss of taste or smell, or significant GI issues
- Shortness of Breath

**Patient Arrival**

Patient presents for in person visit

Please refer to Ambulatory Clinic Algorithm

Document COVID-19 and diagnosis date within Travel Screening

- New/worsening cough
Ambulatory Clinic Algorithm COVID-19

Continue to follow universal masking procedures

1. Patient service representative: Actively screens all patients at check-in.
   - “For your safety, we are screening all patients. Do you have any of the following symptoms: fever, cough, difficulty breathing, sore throat, headache, chills, body aches, and new loss of smell/taste, significant GI issues?”
   - “Have you been diagnosed with COVID-19 within the last 40 days?”
   - Does the patient’s chart have a “COVID FLAG” (positive or rule-out)?

   ![Decision Tree Diagram]

   **YES**
   - Notify MD/APP
   - Ask the patient to remain at the desk.

   **NO**
   - Proceed as usual

2. MD/APP must determine if visit/procedure/test is time sensitive
   - E.g.: Urgent procedure, exacerbation of known condition, acute problem, imaging, infusion etc.

   **YES: Time Sensitive**
   - Reference COVID CLINICAL CLEARANCE ALGORITHM to re-evaluate/confirm patient’s COVID-19 status

   **NO: not time sensitive**
   - Do not room the patient
   - Reschedule patient until cleared or
   - Reschedule as an e-visit
### 3. Clinical staff: ISOLATE the patient.

Clinical staff dons the appropriate **Ambulatory PPE** as recommended in the “Clinical Care of the ROCOVID or COVID Patient” documents posted on the intranet.

- a. Escort the patient to the designated exam room.
- b. Inform patient that MD/APP may call into the exam room if sufficient PPE is not available in the clinic (make sure MD knows office telephone number).
- c. Instruct patient to keep mask on and door closed at all times.

### 4. Clinical staff dons the appropriate Ambulatory PPE as recommended in the “Clinical Care of the ROCOVID or COVID Patient” documents posted on the intranet.

- a. If your location does not have appropriate PPE items, MD/APP to call into the room and take history via phone.
- b. Use clinical judgment to decide whether to take patient vitals: temperature (no oral temperatures) and O₂ saturation.
- c. **Testing should not be done in the clinic.**
d. If patient tested COVID-19 positive outside an NM facility, clinical staff should document this is the Travel Screen (COVID-19 status only) which will trigger a COVID-19 flag.

5. Clinical staff: MD/APP Applies the COVID CLINICAL CLEARANCE ALGORITHM

<table>
<thead>
<tr>
<th>a. <strong>COVID +/Presumed +</strong> (resolved Symptoms)</th>
<th>b. <strong>COVID +/Presumed +</strong> (immunocompromised: oncology, Transplant, Dialysis pts)</th>
<th>c. <strong>COVID +/Presumed +</strong> (Active symptoms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can patient be cleared using clinical clearance and symptom criteria?</td>
<td>Is patient eligible for clinical clearance via testing? If yes, follow testing algorithm to have patient tested (link); Is COVID test negative?</td>
<td>Is patient well enough to be seen?</td>
</tr>
</tbody>
</table>

**YES**
- Place “Clinical Clearance” order and “Clinical Clearance” Note (removes flag at following midnight)
- Proceed with visit using standard precautions

**NO**
- Proceed with visit
- Apply COVID-19 positive full transmission precautions: PPE, isolation, etc.

**YES**
- Proceed with visit
- Apply COVID-19 positive full transmission precautions: PPE, isolation, etc.

**NO**
- Reschedule
- E-visit
- R.E.C. Tent
- Monitoring program
- ED

**HOME (Reschedule or convert to E-Visit)**
- **Mild ILI symptoms** (fever < 100.0°F, slight nonproductive cough, general malaise)

**ILI ED Evaluation Tent/R.E.C. Tent or Testing**
- Moderate ILI symptoms (new or worsening cough OR shortness of breath OR sore throat) INCLUDING a fever (≥100.0°F or 37.8°C) AND any one of the following risk factors:
  - Age >65
  - Chronic medical conditions/risk factors (e.g., immunocompromised, chronic heart/lung/kidney disease, diabetes, >32 week pregnant or breastfeeding)
  - NM Healthcare worker in the clinical environment
- View testing criteria.

**ED or 911**
- **Severe symptoms** (shortness of breath, wheezing, stridor, difficulty holding a conversation, gasping, unable to swallow or has a fever that is not controlled with over-the-counter medications) or is at risk for quickly deteriorating
- MD/APP has discretion to treat empirically
- Patient should be stay home and contact their healthcare provider by phone if symptoms progress. Use .covidprecautions for discharge instructions

| - MD/APP has discretion to treat empirically | - Instruct patient to keep their mask on and follow precautions (.covidprecautions) | - Keep patient masked.
| - Patient should be stay home and contact their healthcare provider by phone if symptoms progress. Use .covidprecautions for discharge instructions | - Call or ask the patient to call the COVID-19 hotline at 312.47.COVID | - Transfer to ED following current protocols (locationdependent).
| | - Inform ED of suspected COVID-19 patient: Provide name, DOB, MRN and pertinent clinical history. | |

**Room turnover**: Because no in-office testing is taking place, room turnover is performed as usual. Use hospital-approved products, focus on high-touch areas and use gloves only. **Rooms can be used as soon as they have been cleaned.**
IRB Recommendation Documents

IRB Office Input for Safe Return to Campus Research
May 22, 2020

One of the goals of the Northwestern University IRB Office is to enable human research to safely resume on campus during the COVID-19 pandemic. The following guidelines are to ensure the safety of all research staff and human research participants. These guidelines refer only to human research activities that cannot be conducted off-campus and may require direct contact with research participants.

At this time, this guidance is only to be used for planning purposes while the Illinois stay-at-home order and Northwestern University campus restrictions are in effect.

**General Requirements:**

- On campus activities for non-essential human research should only be resumed if all the following criteria are met:
  - the research activity cannot otherwise be carried out remotely, virtually, or off-campus;
    - **Note:** activities that can be performed remotely/virtually/off-campus should continue in that manner until further notice.
  - the PI creates a safety plan demonstrating that they can conduct the on campus activities within the parameters of current university campus requirements
- Review of PI safety plans and the decision to allow non-essential human research activity to resume on campus is ultimately at the discretion of department chairs, school deans, or institute directors.
  - **Note:** while not considered the IRB’s purview, we also recommend an accountability mechanism that ensures chairs/deans/directors seriously consider whether the safety plan is sufficient and it is appropriate or urgent to resume non-essential research activity.
- Follow the [IRB Office COVID-19 Memo to Research Community](#) if making any changes to study procedures because of the COVID-19 pandemic.
- The IRB Office does not consider risk of COVID-19 exposure study-related, and thus it should not be included in protocols or informed consent forms. If those changes to the documents have been made, please remove.
- COVID-19 pre-screening procedures should not be added to protocols or informed consent forms. If those procedures have been added to the documents, please remove.

**In-Person Study Visit Requirements:**

- Researchers and participants conducting human research activities in university buildings must comply with current Northwestern University campus requirements. **At present, the University is prohibiting visitors to campus, including research participants.**
- Researchers and participants conducting human research activities in clinical spaces must comply with current clinical visit and clinical space requirements mandated by the respective clinical entity.
• Follow current CDC guidelines during participant interactions and in study visit areas.
• To limit interaction time, consider whether some visit procedures may be completed o via telephone, online, or virtually; or o at the participant’s local clinic facility.
• Participants must be remotely pre-screened for COVID-19 symptoms prior to any in-person study visit. o Researchers in a clinical setting may use the hospital/clinic’s screening protocol.
  o Researchers may also use the pre-screening questionnaire recommended by the IRB Office.
  ▪ Note: pre-screening may not be a conclusive indicator of COVID-19 transmission probability due to possibility of asymptomatic carriers.
  o Cancel the study visit if participant does not pass pre-screening.
• Only individuals necessary to carry out the research activities should be present for in-person study visits.
• Limit participant companions at visits to individuals who must be present for

IRB Office Input for Safe Return to Campus Research
May 22, 2020

  o helping to make health care and/or research-related decisions; o minors and seniors; or o vulnerable individuals.

Recommendations:
• Contact the Office for Research Safety at researchsafety@northwestern.edu if you need guidance regarding the appropriate personal protective equipment (PPE) use for your research activities or for instructions on how to obtain or order PPE through the Procurement Department.
• Prior to study visits, inform participants of procedures they need to follow while on site.
• Where possible, minimize the number of people touching the same research equipment.

If you have questions about the above in regards to your human research project, contact the IRB Office at irb@northwestern.edu or sbsirb@northwestern.edu.
RETURN TO RESEARCH POLICY

Guiding Principles

The varied nature of research activity, laboratory layout, and group organization makes it difficult to develop specific rules and guidelines that will apply universally to our entire community. Hence, we developed the following principles that should guide the development of practices in the research laboratories and shared resources. While we have identified several practices that must be followed by everyone, we provide guidance for individual groups to implement additional practices to best meet their specific needs.

1. All community members are empowered and expected to play an active role in protecting their health and the health of others.
2. Principal investigators are in the best position to develop specific resumption plans for their research teams, ensuring that they are consistent with the guidance of the University.
3. The spread of COVID-19 cannot be completely prevented, but the diligent practice of social distancing, good hygiene and masks can minimize the risk.
4. The number of researchers on campus at any one time must be reduced to ensure social distancing. Hence, research and administrative support functions that can be done at home must continue to be done remotely.
5. Principal investigators and managers must not pressure or expect students, postdocs or staff members to come to work if they have concerns about being on campus, if they are ill, if they need to stay at home to care for ill or homebound dependents, if they have an underlying condition that places them at risk, or for other reasonable concerns.

Before Returning to Campus

All members of the University community should stay home whenever they are sick or have symptoms of respiratory illness. Before returning to campus you should:

• Ensure you do not have symptoms of the virus, including a fever (>100.1), chills, cough, shortness of breath, diarrhea, sore throat, or loss of sense of smell and/or taste.
• Have had no household contact in the last 14 days with someone diagnosed with COVID-19. When in doubt, stay home.
• Have not travelled by airplane in the prior 14 days. This guidance will change as the University’s travel policy is updated.
• Work remotely when possible if you are considered high risk, as defined by the CDC.

Required Training

The Office for Research has developed an online training module for researchers, “Pandemic Essentials: Research on Campus,” that outlines practices for returning to campus. Later today, you will receive an email notification to complete this training. It is mandatory that you complete the training before
returning to campus for research activity. The training module will be accessible through myHR Learn. You may contact Dr. Michael Blayney in Research Safety with any questions.

Your Laboratory Plan

Principal investigators (PIs) are responsible for providing direction and oversight of their projects, laboratories, and/or research sites, as well as graduate students, postdoctoral fellows, and staff in their group. PIs are responsible for developing a specific plan for their research group for resuming research, and for discussing this plan with their group members. We are providing a template to assist you in developing the plan.

In this plan, each PI should:

• Identify all group members who will have access to the labs as well as those who are responsible for essential duties, including maintaining critical equipment, cell lines and animals.
• For each room in your laboratory, identify the maximum number of occupants that can be present in order to maintain social distancing of at least six feet. For example, in labs with multiple benches, identify those benches that can be (and cannot be) occupied while maintaining social distancing. Ensure that researchers do not work face-to-face directly across from one another. You may wish to reposition shared equipment and common workstations. The Office for Research Safety will provide signs that should be marked for the number of occupants for each room, which should be posted on each door.
• Organize access of your laboratory by your group, including the use of shifts, to maintain social distancing while allowing efficient progress of your research. In most cases, about one-third of a lab may be present. Even in cases where social distancing can accommodate a larger fraction of your group, no more than one-half of your lab may be present at any time. Requests for exceptions -- for example, for groups having a small number of members -- may be made to your associate dean for research. Apart from time-sensitive experiments, do not establish regular work shifts that occur between the hours of 11 p.m. and 7 a.m.
• Each lab should develop a schedule for cleaning of common areas, including desks and tabletops, doorknobs and handles, light switches, phones, keyboards and touchscreens, as well as common surfaces on shared equipment. This cleaning will be performed by lab members and not custodial staff. The University will schedule custodial staff to fully clean laboratory areas once weekly and perform a disinfection cleaning of high touch areas four times per week.
• Identify those areas of your lab that will not be used, which might include the kitchen, social interaction spaces and others.
• Implement a shared, online document where your group members can record the times they are present in your laboratory.

Each PI must host a mandatory online meeting with their team to discuss the plan, and members must acknowledge they understand the plan (by email to the PI) before they resume on-campus research. Once research begins on campus, PIs are responsible for monitoring and enforcing the plan.

Evanston-based PIs must submit their plan to their department chair for approval and once approved, upload the plan through the LUMEN site. Chicago-based PIs must upload the plan through the LUMEN site, where they will be subject to review.
Additionally, the Office for Research Safety will provide each laboratory with a pandemic supply kit, which includes masks, hand sanitizer, disinfectant and signage to be posted in your groups. After you have submitted your laboratory plan to Lumen, contact your laboratory safety specialist to coordinate delivery of your kit.

Social Distancing in Laboratories, Offices and Common Areas

Social distancing is the most effective strategy to minimize the spread of COVID-19. The following points describe the mandatory steps for researchers as well as suggestions for you to consider in developing the plan for each lab.

- Maintain at least six feet of separation from your co-workers, when possible.
- Consider removing chairs from some rooms to enable social distancing.
- Consider planning traffic flow in and out of your spaces to minimize contact between personnel. For example, one door is for entry and another for exiting.
- Hold meetings by teleconference or video platforms -- even when people are physically on campus or near the lab together.
- Minimize sharing items by providing each person with personal office and lab supplies.
- Small restrooms and elevators in Evanston buildings will be single occupancy. If you enter an elevator or small restroom and it is occupied, wait outside until the space becomes empty. Larger restrooms can accommodate multiple people, but social distancing and use of face protection is mandatory. Elevators in the larger Chicago buildings can accommodate four occupants, each positioned in a corner. Use of stairs is strongly encouraged for those physically able.

For additional guidance on social distancing, see the COVID-19: Return to Campus Guidelines.

Personal and Lab Hygiene

Washing your hands and cleaning your personal and laboratory areas are critical to minimizing the spread of the virus, and can be accomplished in the following ways:

- Wash hands frequently throughout the day, and always when entering and leaving your research space. Wash thoroughly with soap and water for at least 20 seconds, then rinse and dry.
- When soap and water are unavailable, use hand sanitizer with at least 60% alcohol and rub hands together for at least 20 seconds. The sanitizer will be provided in the pandemic supply kit and will be available in the scientific stock rooms.
- Cough/sneeze into sleeves, preferably into your elbow. When using a tissue, discard it properly and clean/sanitize hands.
- Avoid touching your face, particularly your eyes, nose and mouth to prevent infection.
- Avoid using lab phones and instead use your mobile phone during work.
- Clean and disinfect workspaces frequently, not less than twice a day. The pandemic supply kit will have an initial supply of disinfectant. Additional supply will be available in the scientific stock rooms.
• The custodial staff will perform a full cleaning of each lab once weekly and a disinfection cleaning of high touch areas four times each week. Be considerate of the cleaning staff and leave areas in which they are working (unless doing so poses a safety risk with active experiments).

**Use and Provision of PPE**

• Face coverings must be worn in public areas including lobbies, restrooms, hallways, stairwells, elevators and vending areas. They must be used in laboratories where social distancing is not possible. Masks will be provided by Research Safety, initially in the pandemic supply kit, and restocked as needed. Because masks can also concentrate dangerous volatiles or particles in laboratories, they are not required in all research spaces at all times. Please consult Research Safety if you have questions about when it is safe to wear a mask in your research laboratory.

• Disposable gloves will be available from the scientific stockrooms. Researchers should continue to wear gloves when handling known hazardous substances. Remember that frequent handwashing is more effective than the use of gloves in minimizing transmission of COVID-19. The CDC does not recommend persistent use of gloves.

• Lab coats, gowns, or aprons are recommended to protect personal clothing. Remove lab coats and gloves when leaving the laboratory. Coats may be exchanged for cleaning at any time.

• Wear eye protection when there is a potential for splash or splatter to the face, or when surface contact is a possibility, e.g. microscopy work.

**How to Respond to a Potential COVID-19 Exposure**

The University has established processes to be followed for individuals who believe they may have the virus, for individuals that have tested positive and for individuals who have been in contact with people that have tested positive.

• All staff and faculty are required to report a positive test or voluntary self-isolation due to suspected exposure or symptoms using the University’s online reporting portal. Individuals are required to cooperate fully with the University’s self-isolation, contact tracing and notification protocols, in alignment with CDC and IDPH requirements.

• Testing is available at facilities near our campuses and across the state of Illinois. IDPH has issued guidance for qualifying for testing and compiled a list of locations offering testing:
  ○ Guidance: [http://dph.illinois.gov/covid19/testing-guidance](http://dph.illinois.gov/covid19/testing-guidance)
  ○ Testing site locations: [http://dph.illinois.gov/testing](http://dph.illinois.gov/testing)

• Your primary care physician is the best resource for questions about your health and appropriate testing; please consult your doctor if you have symptoms or suspect exposure.

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

• The following testing site locations have been identified for your convenience:
In Chicago, Northwestern Memorial Healthcare will test any FSM faculty, student, or staff member who exhibits symptoms or is otherwise determined to need testing. Check the Feinberg COVID-19 page for further details.

In Evanston, the following testing site locations are near campus:

- NorthShore University Health System - multiple locations including 2650 Ridge Ave., and 1729 Benson Ave, Evanston.
  - Testing is available by appointment with a doctor’s order. Web | Phone: 847-432-5849
    - Erie Evanston Skokie Health Center - 1285 Hartrey Ave., Evanston.
  - Testing is available to existing patients, by appointment only. Web | Phone: 312-666-3494
    - AMITA Health St. Francis Hospital Outpatient Testing Site - 355 Ridge Ave., Evanston.
    - Drive-through testing is available with a doctor’s order.
    - Web | Phone: 855.692.6482

- Howard Brown Health – multiple locations, including 6500 N. Clark St., Chicago.
  - No appointment needed.
  - Web | Phone: 773-388-1600

- AHS Family Health Center – 8800 Lockwood Ave., Skokie. Drive-through testing is available with a doctor’s order, by appointment only. Web | Phone: 1-800-597-5077

- Physicians Immediate Care Clinics – multiple locations, including 6140 North Broadway, Chicago. Curbside evaluation and testing are available. Web | Phone: Varies by location

- IDPH Harwood Heights Drive-through - 6959 West Forest Preserve Drive, Chicago. Drive-thru testing site, no appointment is required but capacity is limited. This is a state of Illinois testing site. Phone: 1-800-889-3931

Note that requirements vary by testing site, and you may be required to obtain a test order from your primary care physician. Some locations may charge for testing and/or a physician’s evaluation of your symptoms. Please refer to the information provided by each site prior to visiting.
• When individuals that receive a positive test result report through the portal, Risk Management will initiate contact tracing and direct individuals to self-isolate. Research Safety will then perform a sterilization of the area.

How to Report Concerns

We expect individual groups to abide by the requirements and suggestions described here, but we realize that in a community as large as ours, there may be concerns about non-compliance.

Graduate students and postdoctoral trainees should report their concerns to The Graduate School by writing to covid19compliance@northwestern.edu. Trainees may also contact their chairs or others to discuss their concerns.

In Evanston, a hotline (847-467-8840) is available for faculty, staff and students to report concerns.

In Chicago, a hotline (312-503-3437) is available for faculty, staff and students to report concerns.
FEINBERG RESEARCH GUIDANCE

Step 2 campus activation June 3, 2020

Changing guidance will be provided as circumstances dictate

Principles

• Ensure that medical school personnel begin returning to campus in a way that is compliant and congruent with city and state stay-at-home policies, as well as University policies for environmental health and safety and phased return to campus.
• Recognize we are moving into an uncertain new-normal; risk can be mitigated with appropriate caution, but not completely eliminated; the virus is going to be in the community causing new cases of disease for some time; will need to adapt to change.
• The school’s responsibility is to provide guidance and support for how to implement best practices for safely returning to work in an academic campus setting, as well as to ensure that return-to-work policies are equitable and flexible to the very wide span of employee roles and work settings on our campus.
• Promote self-agency characterized by common sense behaviors and consideration for others.
• Completion of the “Pandemic Essentials: Research on Campus” training module in myHR Learn Pandemic Essentials and development of laboratory activation plans are required. Principal investigators need to complete the laboratory activation plan and review with their laboratory personnel before submitting through LUMEN. These plans will be reviewed and monitored by the school. A template is provided to assist with planning.
• For the research enterprise, PI’s are responsible for tailoring guidelines and recommendations for their individual labs, based on location, type of space, number and type of personnel, requirements of their research, etc.
• Trust but verify: A monitored hotline (312-503-3437) is available to allow faculty, staff, and students to report concerns or issues that may need to be addressed by the school; it is hoped in the spirit of quality improvement that people using the hotline will leave contact information to provide confidential follow-up. In addition, buildings will be regularly monitored to ensure that programs and laboratories are meeting appropriate guidance. Finally, supervisors of employees or students should use the Northwestern University Portal to report any new COVID-19 infections.
• Return to Chicago campus will be in steps, the timing and progress of which will be determined by data on new cases, governmental requirements, and other factors.
• As a general premise, faculty, staff and students who can reasonably work from home should continue to do so; this will allow the returning work force to rehabit our facilities at a density appropriate to need. Until further guidance is provided, no one can be required to come to campus unless they are designated as essential personnel.
• Be prepared for either tightening or loosening of occupancy and other guidance below, and the possibility of another shelter-in-place order, at any time.

1 Occupancy

• All personnel (including PIs and personnel in both wet and dry labs) who can continue to work from home should do so during the phased transition to full occupancy, projected to occur by the start of school year or end of the summer.
• Larger labs should organize in shifts (morning/afternoon, alternate days, etc.) wherever possible.
• In open labs, all adjacent PI’s should coordinate to minimize the number of personnel onsite at any one time. Start with no more than a third of the lab at any time, while still maintaining appropriate distance between individuals.
• In smaller labs or in more contained spaces, limit personnel to 2-3/500sf, while maintaining appropriate distance between individuals.
• Where write-up stations are clustered, personnel should not work at adjacent stations.
• Utilize break areas or other common areas as an alternate to write-up stations to maintain distancing.
• Elevator usage should be limited to 4 riders, one in each corner; use of stairs is strongly encouraged for one floor up and two floors down.
• Personnel should limit on-campus presence to the facilities essential to their research.
• Doors may be propped open when labs are occupied to minimize touching of handles unless it poses a security or safety risk.
• Minimize eating and drinking on site.
• Entrances to buildings may be limited, and all personnel may be required to undergo temperature screening should that be implemented by the school or University.
Clinical Research Studies

General Considerations

• Patient/participant and staff safety should always be the primary consideration during research visits.
• Clinical Research teams should follow clinical affiliate, Feinberg, and departmental guidelines for return. To the extent possible, distancing and appropriate PPE should be maintained throughout the visit.
• Departments/units should devise a prioritization plan outlining which types of studies should be reactivated in a phased approach.
• If space and resources are limited, research teams should work within prioritization set by department/division/unit leadership to determine which studies/visits should resume first.
• The situation is dynamic and we may need to loosen or restrict clinical research activities as needed.
• Clinical research teams should follow CDC and clinical affiliate guidelines for PPE, which can vary based on the procedures performed during the clinical research visit.
• For clinical research visits that can continue to take place virtually, please consider continuing these modified procedures. Please refer to guidance from the NU IRB.
• For research that occurs in non-University buildings, work within guidelines developed by management of those buildings.
• Pre-visit and COVID-19 entry screening requirements of the building, clinical affiliates, or NU IRB, as appropriate, should be followed.
• No one other than study team members and patient/participants are allowed on campus.
• The initial period of the ramp up of research should be considered a pilot, and after a short period of time departments can review and adjust plans.

Clinic Considerations

• Research that takes place within clinical affiliates’ buildings should follow the timeline for reactivation that the clinical space is recommending.
• Work with the leadership of the clinical space to ensure the added volume or time of the research visit or portion of the clinical visit can be incorporated into the overall planned volume for space and resources.
• Once a study has been prioritized, teams should work with clinical affiliates’ and University ancillary departments (such as diagnostic imaging, clinical laboratory, and research cores) to ensure they are reactivated and that the ancillary department can handle the volume of visits.
**PPE/Safety Considerations**

- Before return, teams should learn about the infection control procedures for the space in which visits will be taking place in order to prepare. Consider things such as PPE requirements, room disinfection, screening requirements of participants prior to their arrival, and if there is an ability for a family member/friend or caregiver to accompany the participants from the entrance to the visit space.
- Provide the participant with information ahead of the visit in order to prepare. If the research visit is in conjunction with a visit for clinical purposes, work with the clinical department to ensure the information is clear to the participant and does not contradict the clinical affiliate guidance.
- Consider if research coordinator or other study staff should meet participants at the entrance.
- Depending on the requirements of the research space to optimize physical distancing, study staff should confirm if they can be in the room with the participant during the visit.
- Study staff should review COVID-19 PPE requirements and relevant donning and doffing guidance.
- When planning upcoming visits/screening visits, consider infection prevention/control procedures when establishing contact with participants.
- Aerosol generating procedures should not be performed by research staff at this time.

**Health Considerations**

- Anyone who has a fever (>100.4), respiratory illness, cold, or is sick must stay home, even if symptoms do not appear to be those characteristic of COVID-19. Seeking medical evaluation for COVID-19 diagnosis, while at the discretion of the individual, is encouraged in general.
- Northwestern Medicine will test any Feinberg faculty, student, or staff member who exhibits symptoms or is otherwise determined to need testing. For questions about a potential exposure and testing options, call the Northwestern Medicine COVID-19 Hotline at 312-47-COVID (312-472-6843) and follow the prompts.
- Cloth or procedure/surgical masks must be worn by all personnel on campus, even when social distancing is being observed. Because masks can also concentrate dangerous volatiles or particles in laboratories, they are not required in all research spaces at all times. Please consult Research Safety if you have questions about when it is safe to wear a mask in your research laboratory.
- **Office for Research Safety** will provide each laboratory with a pandemic supply kit, which includes masks, hand sanitizer, disinfectant and signage to be posted. After submission of laboratory plans to LUMEN, coordinate delivery of the kit with Research Safety.
• Handwashing and sanitizers should be used several times during the work day.
• Spray sanitizer such as 70% ethanol should be located in all areas.
• If common equipment is used, use a booking sheet, put an "in use" sign up, do not share usage time. Wipe down after use with 70% ethanol.
• Wipe down all packages received before opening.
• The unit assigned the space is responsible for ensuring that sanitizer and PPE is available to labs as reactivation continues. Fisher Scientific stocks all necessary materials.

Meetings and Visitors

• All meetings or seminars should be held virtually, using Zoom or other similar platforms until further notice.
• Visitors other than patients are limited to those essential to research, including preventive maintenance and repair of equipment. Units must pre-register visitors to Feinberg buildings using the EasyLobby system. To set up system access, email fsmresearch@northwestern.edu.
• Volunteers in labs are prohibited until further notice.

Transportation

• Use private modes of transportation to campus whenever feasible.
• Use apps such as Spot Hero to find discounted parking if garage parking is unavailable.
• Always wear a mask when using public or shared transit (CTA/Metra/shuttles).
• Travel at non-rush hours when possible.
• Consider biking or walking to campus; additional bike racks have been installed under the canopy at 345 E. Superior.

Resources

• Monitored FSM reactivation hotline (312-503-3437) and email fsmreactivate@northwestern.edu
• Northwestern Medicine video on properly using masks
• PI’s send questions to fsm-research@northwestern.edu
• Recipe for hand sanitizer
• Aramark cleaning protocol for Feinberg
• Feinberg COVID-19 site
• Northwestern University Research COVID-19 site
• Northwestern Medicine COVID-19 site
• Northwestern University COVID-19 and Campus Updates site
IRB Recommended Subject Screening Tool for In-Person Study Visits:

**COVID-19 Symptom Pre-Screener**

Study participants must pass remote pre-screening for COVID-19 symptoms no more than 24 hours prior to in-person interactions. **Passing requires an answer of “No” to all of the following questions:**

| ☐ Yes | ☐ No | In the past 14 days, have you lived with, visited, cared for, or been in a room for a prolonged period of time with someone who is under investigation for or has been confirmed for COVID-19? |
| ☐ Yes | ☐ No | Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? |
| ☐ Yes | ☐ No | In the past 14 days, have you experienced any of the following? |
| ☐ Yes | ☐ No | Fever or chills |
| ☐ Yes | ☐ No | Mild or moderate difficulty breathing or shortness of breath |
| ☐ Yes | ☐ No | New or worsening cough |
| ☐ Yes | ☐ No | Sustained loss of smell, taste, or appetite |
| ☐ Yes | ☐ No | Sore throat |
| ☐ Yes | ☐ No | Vomiting or diarrhea |
| ☐ Yes | ☐ No | Aching throughout the body |

If the individual answers “Yes” to any of the above screening questions, cancel the study visit. Recommend the individual contact a doctor for medical assistance.
Section 2: CRU-Specific Guidelines

Pre-Screening Calls and Documentation

Proposed Guidance for Screening of Research Participants by Clinical Research Staff with Scheduled “Essential” Research Visits

The Policy Issued that Describes “Essential” Visits during COVID-19 Outbreak, effective 16 March 2020, by the Office for Research and Northwestern University Institutional Review Board encourages research visits should be performed remotely (e.g., teledmed, by phone, Zoom, or other means), whenever possible.

Research visits that cannot be performed remotely and are essential to a participant’s health and/or well-being may be performed in person.

In these cases, all study participants should be:

1. Provided with information regarding the current COVID-19 epidemic and how best to reduce their risk of infection. This information may be provided in multiple forms suited to the type of contact, including a website link, a telephone script and an in-person handout. If possible, this information should be shared before the research visit.

2. Screened for new cough, flu-like illness, new trouble breathing, or fever (measured or subjective) or muscle aches by research staff prior to the in-person research visit if possible, and with repeat screening by research staff at the time of an in-person visit.

3. If a participant screens positive, i.e. is reporting credible COVID-19 symptoms – a. If on the phone, instruct them to stay home and contact their primary care doctor b. If in-person, follow site-specific/institutional guidance and triage algorithms

Screening Protocol

<table>
<thead>
<tr>
<th></th>
<th>Identify participants essential to be seen in-person</th>
<th>NUCATS leadership will work with the PI or Providers and study teams to discuss participants who may be rescheduled or converted to video visit vs those essential to be seen/treated in-person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scripts for participant calls</td>
<td>Script for calls to those with option to reschedule or change to video visit: I’m calling from the Clinical Research Unit at Northwestern Medicine. I see you have an appointment with Dr. XXXXX on _________. Our clinic/research site is working to minimize exposure for our participants, many of whom have compromised immune systems, so we’re calling all participants to see if you are willing to have a video visit instead of in person. The other option</td>
</tr>
</tbody>
</table>

ALL PARTICIPANT-PARTICIPANTS WILL BE CONTACTED – ABOVE DETERMINES WHAT IS COMMUNICATED
is to reschedule for a later date. Would either of these work for you?

**Script for calls to those coming for in-person visit essential to health/well-being of the participant:**

Hello, I’m calling from Clinical Research Unit at Northwestern Medicine. I see you are scheduled to see the Dr. XXXX for study XXXX with us tomorrow. Due to the COVID-19 virus, we’re calling all of our study participants with scheduled office appointments to provide information and see how they’re feeling prior to coming in for their appointment.

Do you have ANY of the following:

- new cough <wait for yes/no>
- new flu-like symptoms, including muscle aches <wait for yes/no>
- new trouble breathing <wait for yes/no>
- fever, either measured with a thermometer, or you just feel febrile <wait for yes/no>?

If answer is YES to any question: Thank you, please contact your primary care doctor. For the time being, please plan to stay at home and we will reschedule your research appointment or schedule a telephone or web-based conference. • If answer is NO to every question: If you should develop ANY of these symptoms before your appointment tomorrow, we’re asking you to stay home and call us at 312-926-4452. We will further assess how you are doing and determine next steps to reschedule your appointment, as well as contact the PI and study team.

**Please note, at this time, Northwestern Medicine is not permitting any guest or visitors on its medical campus.**

When you arrive for your appointment, you will be screened and provided with a surgical mask. Everyone entering the building, whether staff, physician or patient is being issued a mask. You are required to wear the mask for the duration of your time at Northwestern Medicine. This is for your protection and for the protection of all visitors, patients and staff at Northwestern Medicine. We want to thank you for your cooperation with these policies and we look forward to seeing you tomorrow.

| No answer to call | Call the participant up to 3 times - document # attempts made. Intent is to give the participant the |
opportunity to answer screening questions. If you are not able to speak with the participant before their in-person visit, on the final attempt leave a voicemail saying:

This is _______ calling again about your appointment tomorrow at Northwestern Medicine. Since we were unable to reach you prior to your visit, we are advising participants not to come to their appointments until they have been screened for respiratory symptoms. Our clinic/research site is working to minimize exposure for our participants, many of whom have compromised immune systems. If you’ve had new cough, flu-like illness, new trouble breathing, or fever, please contact your doctor.

Otherwise, please call 312-926-4452 to reschedule your appointment. We will contact the PI and study team on your behalf to reschedule your appointment. We apologize for any inconvenience and thank you for your understanding.

<table>
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<tr>
<th>4</th>
<th>Call documentation</th>
<th>Please document all screening calls/phone encounters in the participant’s chart (e.g., EPIC, research chart).</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Resources for Participants</td>
<td>If you have questions about the Coronavirus, please call our hotline at 312-472-6843. You can also find additional information about the Coronavirus by searching the Illinois Department of Public Health site, the Center for Disease, Control and Prevention website or go to <a href="http://www.nm.org/conditions-and-care-areas/infectious-disease/covid-19">www.nm.org/conditions-and-care-areas/infectious-disease/covid-19</a>.</td>
</tr>
<tr>
<td>6</td>
<td>If your participant phones you</td>
<td>If they have an upcoming appointment, please screen as described in #2 above If they do not have an upcoming appointment but have a question/concern about their health as relates to COVID-19, please instruct them to call their Primary Care Provider / Provider’s clinic (Specialist Provider, if/as appropriate)</td>
</tr>
</tbody>
</table>
TIP Sheet For Documentation of CRU Symptom Screening Telephone Call in EPIC

1. Open up EPIC and sign in using your username and password

2. Select the Department as “NMH GALTER 15 CRU OUTPATIENT”

3. Using the calendar on the left side, select the visit day for which you would like to contact patients for their pre-screen.

4. Single click on the patient’s name so that it appears hi-lighted, then select “Chart” from the top row of actions.

5. Once in the patient’s chart review, click the top button “Telephone Call”, then select the patient’s name and accept or double click on the name.

6. Enter yourself as the provider and “accept”
7. You are now in a “call intake” page. On the right hand side in the “My Note” Column, start to type “.CRUSYMPTOMPREFSCREEN” and you will see the smartphrase pop up. *The first time you use the phrase, make sure you select the star on the left hand side of it to add it to your favorites (easier to access in future).

8. Double click on the smartphrase. You will now see it fully populate in your patient’s “documentation” tab on the right hand side of their chart. You are now ready to call the patient. Hover over the patient’s name to see their contact information.

Below in blue is the entire smartphrase that will be your prompt for the call & your documentation:

Symptom Screening Telephone Call for Patients with In-Clinic Appointments

CRU clinical staff called pt for pre-appointment symptom screening.

"Hello, I'm calling from Clinical Research Unit at Northwestern Medicine. I see you are scheduled for study *** with us tomorrow. Due to the COVID-19 virus, we're calling all of our study participants with scheduled office appointments to provide information and see how they're feeling prior to coming in for their appointment.

Do you have ANY of the following:
• new cough [YES/NO:19839]
• new flu-like symptoms, including muscle aches [YES/NO:19839]
• new trouble breathing [YES/NO:19839]
• fever, either measured with a thermometer, or you just feel febrile [YES/NO:19839]

If answer is YES to any question, USE THIS TEXT AND DELETE BELOW OPTION "NO" TEXT:
Thank you, please contact your primary care doctor.
For the time being, please plan to stay at home and we will reschedule your research appointment or schedule a telephone or web-based conference.

If answer is NO to every question, USE THIS TEXT AND DELETE ABOVE OPTION "YES" TEXT: If you should develop ANY of these symptoms before your appointment tomorrow, we're asking you to stay home and call us at 312-926-4452.
We will further assess how you are doing and determine next steps to reschedule your appointment, as well as contact the PI and study team.
**Please note, at this time, Northwestern Medicine is not permitting any guest or visitors on its medical campus.**

When you arrive for your appointment, you will be screened and provided with a surgical mask. Everyone entering the building, whether staff, physician or patient is being issued a mask. You are required to wear the mask for the duration of your time at Northwestern Medicine. This is for your protection and for the protection of all visitors, patients and staff at Northwestern Medicine. We want to thank you for your cooperation with these policies and we look forward to seeing you tomorrow.

- If the patient DOES NOT answer, delete everything in the note after “CRU clinical staff called pt for pre-appointment symptom screening” and type “pt did not answer- attempt #(fill in attempt #)” then accept and sign note.
- If the patient DOES answer, introduce yourself and follow the note’s prompt phrase to ask about symptoms. Press F2 to advance to the areas you need to add/select documentation for and select “YES” or “NO” for the patient’s response. Follow the note’s prompt with how to complete the note depending on their answer. Make sure to delete areas that do not pertain to the patient’s responses.

9. Thank the patient and hang up. Accept the note.

10. In the section titled “Reason for Call”, click the little pencil to edit the section. Type “other” in the “reason for call” and then when prompted, type, “Pre-Visit Symptom Screening”. If the patient did not answer, in the comments section, type the attempt number. If you were able to talk to the patient, leave that space blank. When completed, “close” the section.

11. Sign the encounter.

12. You can check the status of the patient’s Pre-Visit Symptom Call by following the same steps: hi-light the patient’s name, click “chart”, then look through the chart review encounters. You can view the telephone encounters to see if someone was able to reach the patient or if the patient still needs to be called and asked about symptoms prior to their clinic appointment.
Section 3: Galter 15 Clinic Operations

Scheduling

- Patients are to be scheduled based on RN availability in the CRU Ambulatory Clinic
- Each RN will be assigned to a room for the day
- Each room must have a minimum of 15 minutes between patients to conduct required cleaning, dwell time, and supply replenishment
- The CC will provide CRU Administrators the RN schedule for the coming weeks of the pay period so that visits can be scheduled appropriately
- CC will work with staff to ensure that scheduling needs are met, which may require flexing of hours and/or staggered start and end times for the day

Room Assignments

- There is only to be 1 patient scheduled per nurse at a time
- There must be a minimum 15 minute time period where rooms are left vacant between patients
- CC will work with CRU Administrators to determine which rooms will be used on which days of the week

Flow of Patients Through the Clinic

- Subjects will check-in with CRU Administrator at front desk in Galter 15 lobby
- CRU Administrator will call assigned subject’s nurse
- CRU nurse will pick up patient from Galter 15 lobby
- The nurse and patient will walk together, following the marked, single-way path into the clinic area to the assigned exam room
- After patient visit is complete, nurse and patient will walk together, following the marked, sing-way path out of the clinic area back into the Galter 15 lobby
• All staff and patient must abide by the marked pathways to navigate through the clinic space in order to abide by social distancing and avoid traffic in clinic halls
• See the attached Galter 15 floor map for marked, single-way path around clinic

Room Cleaning Between Subject Visits
• When patient departs from room, they should walk directly out of the clinic area to the elevator (discourage standing in hall ways or doorways)
• RN assigned to room for the day will use Cavi-wipes to sanitize the room surfaces, furniture, and any equipment that is present.
• A 15 minute time period will be accounted for in scheduling to allot time for cleaning and dwell time of rooms between patients
• If a patient visit extends past the normal allotted time, the RN should communicate with the CRU Administrators that there will be a delay for the necessary room cleaning and dwell time after the patient departs

Supply Restock
• Each room in use for the day will have its own supply cart located outside the room, which has the required supplies for the patients that will be seen that day
• The supply cart should contain items for RN PPE and items for patient care
• It is the responsibility of the RN assigned to that room for the day to replenish their room cart as supplies begin to run low
• If an RN notices that the CRU Galter 15 Clinic supply is running low on any supplies, they must alert the CC, who will ensure the item(s) are ordered in an appropriate quantity and arrive in a timely manor
• The CC will keep a list of all the supply orders and the quantity ordered
• RNs are NOT to order supplies on Sentact- this is to be escalated to the CC, EC, or Manager for tracking purposes
AMBULATORY PPE RECOMMENDATIONS
Clinical Care of the ROCOVID or COVID patient

Patients who are being evaluated for possible COVID (any influenza like illness) should be seen in a setting equipped with proper COVID PPE. Patients meeting this criterion should generally be directed to appropriate evaluation sites or tele-visits. Patients requiring an aerosol generating procedure (AGP) or procedure involving the respiratory tract should be seen in a setting equipped with N95 COVID PPE, otherwise follow the recommendations provided here.

*Always follow donning and doffing PPE guidelines so as not to contaminate yourself.

Last Updated: 5/29/20

<table>
<thead>
<tr>
<th>CLINICAL SCENARIO</th>
<th>USUAL COVID PPE</th>
<th>N95 COVID PPE</th>
<th>PROCEDURAL / SURGICAL MASK</th>
<th>PROCEDURAL / SURGICAL MASK &amp; GLOVES</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>Registration/PSR/Employee and Visitor Screeners</td>
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<td>Patient Check-In - All Patients</td>
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<td>Rooming a Patient with respiratory symptoms</td>
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<td>• Staff and patient should don PPE throughout entire encounter</td>
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<td>Clinical Staff entering the patient room, if respiratory symptoms</td>
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<td>Aerosol generating procedure (AGP)</td>
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<tr>
<td>• Regardless of patient location • For COVID, ROCOVID, and presumed COVID positive patients • See link to full list of AGPs below; contact IP with questions • Collection of a NP or OP swab is not an aerosol generating procedure, per CDC (3/18/20)</td>
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<td>Dialysis and apheresis - In room</td>
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<td>• Inpatient or outpatient</td>
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<td>Dialysis and Apheresis - Open unit, not a private room</td>
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<td>Phlebotomy</td>
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<tr>
<td>• All phlebotomy to be completed in office • Do not send patient to outpatient laboratory</td>
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N95 COVID PPE = N95 or PAPR at all times + gown, gloves, face shield (preferred) or goggles

GLOVES = Hospital-issued, latex-free exam gloves

SURGICAL OR PROCEDURAL MASK = Hospital-issued mask that meets droplet precautions; excludes cloth mask

Universal masking.

• All patients should don a procedure mask as tolerated.
• Patients with respiratory symptoms should be masked and immediately placed in a private room with a closed door.
• All patients should wear mask for entire visit.

• Patient should be masked as tolerated and immediately placed in a private room with a closed door.
• Patient should wear mask for entire visit.

• Don Usual COVID PPE if patient is ROCOVID or COVID positive, otherwise follow universal masking.

• Always discard N95 respirator after AGP.
• Avoid nebulizers unless essential.
• Wear an N95 to enter the room sooner than 35 minutes after AGP in an AIIR; 70 minutes for an exam or procedure room. • Don N95 COVID PPE and keep the door closed for bedside AGP (i.e., intubation or non-invasive ventilation, bronchoscopy). • Staff may choose to wear an N95 respirator for patients with unknown or negative COVID status.

• Staff may don PAPR if available.
• Patient should don a mask as tolerated.

• Patient should don a mask as tolerated.
**Alternate Testing Locations**

- **Staff collecting Specimens for COVID testing**
  - Mask, eye protection, gown – see PPE re-use guidelines.
  - Gloves – changed between each patient and hand hygiene.
  - It is reasonable to wear a N95 respirator throughout the shift for staff who perform a high volume of swabs in the alternate testing sites, replacing it if it becomes compromised.

- **Staff NOT delivering patient care**
  - Gloves required while transporting patient specimens.
  - Universal masking still applicable.

**Room turnover**

  - Cleaning as usual with hospital approved products.
  - Universal masking still applicable.
  - Rooms can be used as soon as they are cleaned.
  - Don PPE according to the isolation precaution sign on the door.
  - Consult department procedures for recommended delay time before discharge cleaning.

**Security**

  - Don Usual COVID PPE if patient contact is required (e.g. Security restraining a patient), otherwise follow universal masking.

**Code and Airway Teams - All CPR**

- Regardless of COVID status
- Regardless of patient location

  - All patients
  - Not dependent on COVID status.

---

**Aerosol-generating procedures (AGP):** Please see the full list of AGPs here under “What are aerosol-generating procedures?”

**Definitions:**

**Aerosol-generating procedure:** Procedures, patient care or therapies with a high-risk for aerosolizing infectious particles from respiratory secretions. **ROCOVID:** Rule-out COVID-19; a patient receiving treatment while COVID-19 test results are pending.

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**“Access PPE Resources on NMI for additional information and guides for donning and doffing PPE:**

- Putting on and Removing PPE (CDC)
- Ensuring a Proper Fit - How to Perform a Seal Check When Using N95 Respirators
- Video: Putting on COVID PPE or N95 PPE with NEW mask
- Video: Putting on USED COVID PPE or N95 PPE
- Video: Removing PPE while wearing mask, respirator or eye protection
- Video: Performing seal check N95 respirator
- Video: Universal Masking - NEW and USED face mask
- Video: Donning PAPR in the OR
- Video: Doffing PAPR in the OR
- Video: Removing PPE
Patient Mask Refusal

With the exception of inpatients who are in their hospital rooms, everyone is required to wear a mask while in our facilities. Staff are required to wear an NM-issued mask. Patients and visitors who arrive wearing their own mask will be asked to replace or cover it with an NM-issued mask.

If a patient is unable to wear a mask due to a self-identified disability or medical condition, please contact the department or physician’s office with whom the patient has an appointment to discuss a reasonable accommodation. We cannot ask for proof of the disability or medical condition, but can confirm if accommodations will work for the patient.

Reasonable Accommodations

If patients are unable to wear a mask due to a disability or medical condition, please provide one of the following reasonable accommodations:

• Schedule or convert the appointment to a telehealth visit, if appropriate. Please work with the department or physician’s office on scheduling options.
• If an in-person appointment is identified as necessary, please follow the same workflows utilized for symptomatic patients:
  o Minimize duration and proximity of exposure by isolating the patient and maintaining physical distancing
  o Once in the clinic or department, expedite rooming, bypassing check-in
• Clinical staff dons PPE (mask and goggles or faceshield) to assess patient

Personal or Other Refusal Reasons

If the patient refuses to wear a mask for reasons other than a medical condition or disability, make an attempt to explain that Northwestern Medicine is requiring universal masking for anyone within our facilities. This is following the guidelines of the CDC and for their protection as well as others within our buildings. If the patient still refuses and does not need an accommodation:

• Notify clinic/place of service. Clinician may wish to discuss with patient, and may elect to proceed with appointment, or may defer.
• Provide telehealth visit as another alternative.

Accompanying Visitors

As noted above, everyone is required to wear a mask while in Northwestern Medicine facilities. Visitors are not allowed to enter our facilities without a mask, with a few exceptions noted below.

• If a visitor is unable to comply with NM’s universal masking protocol, they will be asked leave the premises.
• There are two situations in which we would allow an exception to this policy for visitors: o If a visitor is necessary to the patient’s care but is unable to wear a mask due to a disability or medical condition, similar to the above, we should follow the same workflows utilized for symptomatic patients for the visitor and patient they are accompanying.
If the visitor is assisting a patient with a disability and wearing a mask would limit the visitor’s ability to assist the patient with communication, the visitor may remove their mask. An example is, if the patient lip reads and relies on the companion to facilitate communication. The visitor’s mask should be worn any time that assistance is not required.

Continue to use NMI for the most up to date COVID information.
Guidance NM has laid out based on CBC guidelines:

- Includes all staff caring for unmasked patients

- Should wear eye protection regardless of COVID status.
  
  - As always when interacting with patients, all staff should wear NM-issued masks
  
  - The change in practice is if a patient is unable to wear a mask either because they can’t tolerate the mask, are not required to wear a mask (inpatient rooms), or the mask must be removed to provide care, staff should wear:
    
    - Mask
    
    - Eye protection (goggles or face shield)
    
    - This change applies to anyone who is in a room with a patient or is transporting a patient. This does not apply to public areas or patient waiting rooms
Galter 15 Floor Map for Marked, Single-Way CRU Clinic Outline
Section 4: Core Lab Operations

The OSHA Standard for the Control and Prevention of COVID-19 for Laboratory Workers and Employers (https://www.osha.gov/SLTC/COVID-19/laboratory.html) provides guidance for clinical and research laboratory workers and employers. Until more is known about how COVID-19 spreads, the CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (i.e. goggles or face shields) to protect laboratory workers from exposure to the virus.

This CRU Core Lab Reactivation Playbook was created using information and guidance obtained from the OSHA standard.

Effective immediately, all Laboratory personnel must use the guidance listed below to maximize protection from the virus and create a safe work environment for the CRU Core Laboratory.
A. **ENGINEERING CONTROLS:**

   a. Biohazard Hood (Class II, Type A2 BSC):
      
         i. To maximize Laboratory worker protection, perform as much work as possible in a properly maintained and certified biological safety cabinet. The CRU Core Lab currently have three units of Class II, Type A2 Biological Safety Cabinets in Galter-15 Lab.
         
         ii. The following aerosol-generating procedures are examples of laboratory work tasks listed under the VERY HIGH RISK category of exposure to COVID-19.
             
                 1. Pipetting/aliquoting of blood, plasma, serum, and other body fluids that may or do contain SARS-CoV-2.
                 2. Vortexing tubes of samples that may or do contain SARS-CoV-2.
         
         iii. The following procedures should also be performed using a Class II BSC:
             
                 1. Preparation of blood smears.
                 2. Final packaging of specimens for transport to other Labs (specimens should already be in a sealed, decontaminated primary container).

   b. Centrifuge:

         i. Use appropriate physical containment devices, such as sealed centrifuge rotors or safety carriers with gaskets for centrifugation, if available.
B. SAFE WORK PRACTICES:
   a. Use work practices that maximize the effectiveness of engineering controls.
      i. Biohazard Hood (Class II, Type A2 BSC):
         1. Smart-flow indicator light in the BSC dashboard should be green in color, before attempting to use the hood. Allow it to operate for several minutes before use, to allow airflow to stabilize.
         2. Wait a few minutes before beginning work after inserting arms into a BSC to allow the protective air curtain around the arms to stabilize.
         3. Disinfect the work surfaces at the beginning and at the end of each work day, and as needed. Use bactericidal, tuberculocidal, and virucidal Sani-Cloth disposable wipes or 70% alcohol.
         4. If necessary, disinfect the hood using the built-in UV light for at least an hour at the end of each work day.
      ii. Use appropriate personal protective equipment (PPE) while using BSC.
      iii. Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps container.
   b. Transport and receipt of specimens:
      i. Specimens submitted to the CRU Core Lab must be transported in a sealed biohazard bag.
      ii. Once the specimen receipt is documented using the date/time stamper, store the samples inside the biohazard hood, until ready to begin the specimen processing.
C. PERSONAL PROTECTIVE EQUIPMENT (PPE):

a. All laboratory personnel working with specimens that may or do contain SARS-CoV-2 must wear appropriate PPE. This includes the following:

i. Gloves:
   1. Use disposable, non-sterile, correct-fitting non-latex gloves.
   2. While working inside the BSC, use double gloves that extend over the sleeve of the Lab coat.
   3. Before exiting the BSC, remove the outer pair of gloves, and don a new pair when re-entering the BSC.

ii. Lab Coats:
   1. Use biohazard Lab coat with long-sleeves and wear it buttoned closed.
   2. The Lab coat or solid-front gown should have a knit or grip cuff.
   3. Biohazard Lab coats should be taken off prior to exiting the Laboratory.

iii. NIOSH-certified N95 respirator or face mask:
   1. When conducting procedures that may generate aerosols, such as pipetting or vortexing, use a NIOSH-certified N95 respirator, if available.
   2. The N95 masks can be re-used the next day by the same tech, if not visibly contaminated, and stored in a clean, labeled, plastic bag.
   3. When performing other procedures in the laboratory, physically separate from areas where specimens that may or do contain SARS-CoV-2 are handled, a regular face mask should be sufficient. Examples of low risk tasks are performing data entry, creating and printing barcode labels, and performing other administrative duties.
D. **ADMINISTRATIVE CONTROLS:**
   
a. All laboratory personnel will be trained on any additional procedures developed by the CRU for safely handling specimens *that may* or do contain SARS-CoV-2.
CRU Leadership Approval

1) Ashley Trost MSN, RN  
2) Evan Paempe BSN, RN  
3) Kelly Gregmovic BSN, RN  
4) [Signature] PhD, RN  
5) Mariquita Sumaque, C(ASCP), MBA, MS  
6) Paulina Bename, BSN, RN  

[Signatures and dates]