

A blue-tinted image showing several coronavirus particles with their characteristic spiky surface. A semi-transparent blue banner is overlaid across the middle of the image.

CORONAVIRUS

How is Denver Health preventing the spread of COVID-19?

To reduce the risk of coronavirus infection, no visitors are permitted at any of our medical facilities, with limited exceptions. Visit [DenverHealth.org/Visitors](https://denverhealth.org/visitors) to see the latest updated visitor restrictions policy.

What are the signs and symptoms of COVID-19?

COVID-19 symptoms can range from mild illness to severe respiratory distress. Symptoms of COVID-19 include **fever** (99%), **fatigue** (70%), **cough** (60%), and **shortness of breath** (31%).

Signs of COVID-19 include a low or normal WBC, a mildly elevated LDH, and bilateral patchy opacities on CXR or CT chest.

Who is at risk for COVID-19?

The virus is spreading through communities in Colorado, and virtually anyone can be exposed. This is why social distancing and avoiding exposure to large numbers of people are essential. Older individuals and those with chronic medical conditions are reported to have more severe cases. Unlike influenza, children and pregnant women do not appear to be at higher risk of severe infection with COVID-19.

Who can take care of patients with suspected or confirmed COVID-19?

All Denver Health staff members are capable of taking care of patients with suspected or confirmed COVID-19. However, we recommend that the minimum necessary number of staff members care for these patients. Residents and fellows are allowed to care for COVID-19 patients. Students are not allowed to take care for these patients.

What Personal Protective Equipment (PPE) should be used if I suspect someone has COVID-19?

OUTPATIENT AREAS

Emergency Department and Urgent Care providers who enter the room to examine the patient should use contact precautions (gown and gloves), droplet precautions (surgical mask) plus eye protection. Airborne precautions (N95 mask or PAPR) should only be used for aerosol-generating procedures, such as intubation, bronchoscopy and nebulizer treatments. Use an albuterol metered dose inhaler instead of a nebulizer treatment if possible.

Emergency Medical Services staff may wear a surgical mask when caring for patients without

respiratory distress. EMS staff should wear N95 masks when caring for patients with respiratory distress or those who might need an aerosol-generating procedure in the ambulance.

Clerks should remain a few feet away from the patient at all times. Because their risk of exposure to coronavirus is very low, clerks do not need masks when registering patients. Patients with symptoms of respiratory tract infection (fever plus cough or shortness of breath) should be offered masks at the time of entry to the clinic.

INPATIENT AREAS

Medical-Surgical Unit providers should use contact precautions (gown and gloves), droplet precautions (surgical mask) plus eye protection. Airborne precautions (N95 mask or PAPR) should only be used for aerosol-generating procedures, such as intubation, bronchoscopy and nebulizer treatments. Use an albuterol metered dose inhaler instead of a nebulizer treatment if possible.

Intensive Care Unit providers should use contact precautions (gown, gloves), airborne precautions (N95 mask/PAPR) and eye protection.

How are we managing and preserving short supply of PPE?

Denver Health maintains two separate personal protective equipment (PPE) stocks: one is designated for everyday use while the other is a disaster surplus supply. Our everyday stock has dwindled because Denver Health's suppliers have not been able to fill our weekly routine allocation and because there have been increased requests for N95 masks from departments with historically low use. We are managing PPE stock in the following ways:

- To preserve supplies, we recommend:

Surgical Masks and N95

Each provider should **reuse masks between patients, with meticulous hand hygiene both before and after the mask is touched**. If damaged, saturated, or contaminated, please contact your supervisor to replace.

These recommendations do NOT apply to sterile environments (e.g. Operating Room).

Eye Shields

These items may be **reused between patients**. Please wipe down before and after each use with a hospital-approved disinfectant (e.g. purple top wipes or bleach wipes).

Gowns/Gloves

We **no longer require contact precautions for MRSA in both outpatient and inpatient settings**. As always, standard precautions should be followed. Contact precautions for other multidrug resistant organisms, including VRE, ESBL, CRE, and *C. difficile*, will continue unchanged. Gowns and gloves remain as single patient, single use items.

We also are also pursuing additional efforts to preserve these items, including the liberal use of telehealth, limits on elective surgical procedures with potential for admission, and coronavirus laboratory testing options that offer a more rapid turn-around time.

- **Central Supply will not automatically restock N95 masks.**

To restock N95 masks, a member of the unit leadership (charge nurse, manager, or educator) must call Infection Prevention (x2BUGS, 24/7) to request N95 mask restock. Be prepared with the reason for requesting masks including a specific patient's MRN and suspected infectious condition. Managers are encouraged to keep the N95 supply in a safe place where it is unlikely to disappear.

- **PPE should be used appropriately.**

N95 masks are required for patients with suspected measles, tuberculosis, chicken pox, and COVID-19 who are undergoing aerosol-generating procedures. They are not appropriate for patients with influenza, pertussis, or bacterial meningitis. Gown/gloves are appropriate for patients in contact or contact plus precautions. Gown/gloves should not be worn in the hallways or in rooms of patients who do not have a history of multidrug resistant organisms. Please refer to the [Centers for Disease Control isolation table](#) for full details of appropriate and inappropriate PPE indications.

- **Large provider teams should not perform teaching rounds in isolation rooms – including contact, contact plus, airborne, and droplet precautions.**

Teaching rounds should occur outside of the patient's room, and only the minimum necessary number of providers should enter the patient's room for the physical examination.

Why are masks not recommended in the community?

Neither the [Centers for Disease Control](#) nor the [World Health Organization](#) recommends for asymptomatic individuals to wear a medical mask. There is no evidence that routine use of medical masks by healthy individuals prevents becoming infected with COVID-19. Masks should only be worn by people showing symptoms. Misuse and overuse of medical masks may contribute to serious shortage of stocks and lack of mask availability for those who actually need to wear them.

What type of disinfectant should be used to clean the room of a person with suspected or confirmed COVID-19?

Purple top and bleach wipes are both effective against coronaviruses. These are appropriate for the COVID-19, as well.

How can I prevent COVID-19?

- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth
- Stay home when you are sick
- Cover your cough or sneeze with a tissue or the inside of your elbow.
- Clean and disinfect frequently touched objects and surfaces
- Wash your hands with soap and water for 20-seconds after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing

What precautions should I take when I travel?

The Centers for Disease Control (CDC) recommends avoiding nonessential travel to many international countries. Denver Health has suspended all work-related travel for employees. Please use common sense when traveling for personal reasons.

Do patients with COVID-19 need to be admitted to the hospital?

Many patients with COVID-19 are not ill enough to warrant admission. In these cases, patients should be discharged to their homes with public health follow-up. Patients who are ill enough to need hospital admission may be admitted to either the hospital floor or to the intensive care unit.

Into which unit are admitted patients with COVID-19 being treated?

Patients who require admission on floor status are being treated in AllR rooms on the designated COVID-19 unit of Med-Surg floors. Patients who require admission on ICU status are being treated in AllR rooms in the MICU. Patients who are medically stable and have no other reason for admission are being discharged home with quarantine and instructed to follow-up with Denver Public Health.

What should I do if I take care of someone with COVID-19?

Most employees will not need to stay out of work if they have an encounter with a patient who has suspected COVID-19. If a patient is confirmed to have COVID-19, then your risk will be assessed based on the type of contact that you had, the duration of contact, and whether personal protective equipment (PPE) was used. If you're exposed to a COVID-19 patient, you should take the Denver Health staff COVID-19 health survey at dhharedcap.ucdenver.edu/surveys/?s=XWRE9TJPL3. A provider will contact you if your risk is high enough to warrant COVID-19 testing. You do not need to call the OUCH line to report this exposure. A separate [FAQ explains further details about the staff testing process](#). Anyone who believes they have been exposed to COVID-19 should conduct symptom checks (cough, fever or shortness of breath) twice a day, wash their hands frequently and practice social distancing.

What should I do if I start having symptoms of COVID-19?

Do not come to work if you are experiencing symptoms of fever, cough or shortness of breath. Contact your supervisor and stay home. If you are displaying symptoms of COVID-19 (cough, fever or shortness of breath), you should fill out the Denver Health staff COVID-19 health survey at dhharedcap.ucdenver.edu/surveys/?s=XWRE9TJPL3, notify your supervisor, stay at home in a separate area from family members and pets, drink plenty of fluids and call your primary care provider if your symptoms worsen. A provider will contact you if your risk is high enough to warrant COVID-19 testing. Call the Nurse Line at 303-739-1211 for further advice. A separate

about the staff testing process.

If an employee tests positive, should co-workers be informed?

The identity of any employee who tests positive should be kept confidential. Department co-workers, however, should be informed that they might have been exposed and are advised to monitor for symptoms.

How do we screen patients for COVID-19?

We screen patients at all points of entry to our medical system with three steps: Ask, Isolate, Assess

ASK. Ask the patient about fever, cough, and shortness of breath; travel history; and recent contact with someone known to have COVID-19.

ISOLATE. Place a surgical mask on patient and isolate patients immediately. Use a private room, and a negative pressure room if available. Separate the patient by six feet from others if a private room is unavailable.

ASSESS. Use contact precautions, droplet precautions, and eye protection for the evaluation of most patients with possible COVID-19. Patients who have aerosol-generating procedures should be placed in contact, airborne, and eye precautions.

Should I evaluate patients for COVID-19 if they've had contact with a healthy returned traveler?

No. Right now, we do not recommend isolating and evaluating patients for coronavirus if they have exposure to a healthy returned traveler. While asymptomatic spread may be occurring with coronavirus, this seems to contribute to a very small fraction of the cases. We also do not recommend quarantine from work or BID temperature checks for these individuals with "second hand" exposure to countries with widespread cases.

How do you "rule out" coronavirus?

Given reports of highly variable symptoms or asymptomatic infection and limitation in current tests it difficult to completely "rule out" COVID-19. However, common steps can be taken to determine there's a lower chance that a patient has it:

1. **Clinical Symptoms** – After a detailed history and physical examination, providers can determine that a patient does not have symptoms consistent with COVID-19.
2. **Alternative Diagnosis** – After initial evaluation, subsequent laboratory or imaging tests may confirm a different diagnosis that explains the patient's symptoms. While co-infection can occur, having an alternative diagnosis makes it less likely that a patient also has COVID-19 infection.
3. **COVID-19 Testing** – If clinical suspicion for COVID-19 remains after history, physical

examination, laboratory testing, and imaging studies, the provider will send a COVID-19 specimen for testing.

How can I test a patient for COVID-19?

In-house testing capabilities are now available at Denver Health. The turnaround time is around 24 hours. Test can be run 7 days per week. A nasopharyngeal (NP) swab should be collected in viral transport media. The specimen should be promptly **hand delivered** to the laboratory. The respiratory multiplex PCR does not detect COVID-19.

Who should be tested for COVID-19?

Denver Health recommends testing patients only if it will change their clinical management. Scripting is available on the Pulse for patients who do not meet our new clinical testing recommendations.

Inpatients

These are our highest priority for testing. All patients with suspected coronavirus who are being admitted to the hospital should be tested.

Outpatients

We are no longer testing for COVID-19 in the outpatient setting.

Health Care Workers

Health care workers and first responders with mild to moderate symptoms, including those who provide direct patient care and perform essential services, should be tested, as a negative result could allow them to return to work sooner.

Can patients with suspected or confirmed COVID-19 be transported through the hospital?

It is preferable for patients with suspected or confirmed COVID-19 to remain in one location for their medical work-up. If a person under investigation for COVID-19 needs a study that could reasonably be performed with portable equipment (X ray, ultrasound), then portable equipment should be used. However, medically necessary tests should not be withheld from patients with suspected or confirmed COVID-19.

How should patients with suspected or confirmed COVID-19 be transported through the hospital if a test or procedure is necessary?

The patient should wear a surgical mask. The transport personnel should don gown, gloves, mask and eye protection when entering the room to get the patient ready for transportation. Transport personnel should remove PPE when leaving the room (Gown and gloves are removed while in the room; mask and eye protection are removed after leaving the room). PPE is not to be worn by transport personnel in the hallway during transportation unless direct contact with respiratory secretions is likely (e.g. airway maintenance, respiratory therapy, etc.). Transportation staff may **bring but not wear** a set of PPE (gown, gloves, mask, eye protection) with them during transportation, to be donned in the event that contact with the patient is likely.

How can I discharge a homeless patient whose COVID-19 test is still pending?

1. Use [.covidavsinstructions](#) for home quarantine instructions.
2. Contact activated respite.

Where can I get the latest information about COVID-19 and Denver Health?

Stay informed with the latest information for Denver Health staff members on the [coronavirus subsite on the Pulse](#). Staff members who do not have access to the Denver Health network can also find information on the new [staff section of Denver Health's coronavirus website](#).

How do I request remote access to the Denver Health network?

Requests to access Denver Health's Virtual Private Network (VPN) must be entered through the [IT Services Portal](#). The portal is located on the Pulse and is also accessible via the Help icon on the desktop. In the portal, click on **Request**. On the **Catalog of Services** web page, select **Security**. Fill in the New Service Request form. Make sure to select the **VPN – Remote Access** checkbox. More information about the process is available in [the policy](#).

How should I handle food deliveries?

Receive food deliveries outside of the hospital so that deliveries do **not** need to go through screening points.

While school is out, who can take care of my kids while I work?

Free child care is available to all members of the health care community until April 3. If the need continues, the program will extend longer with sliding-scale fees. Find more information and a form to sign up at [covidchildcarecolorado.com](#).

How is Denver Health helping staff cope with emotional, financial and physical challenges caused by the pandemic?

Denver Health personnel can access resources through our Employee Assistance Program (EAP) and Work/Life Support by calling 1-866-799-2728 or visiting [HeathAdvocate.com/DenverHealth](#).

Staff members in distress can connect 24/7 with trained, peer support through our Resilience in Stressful Events (RISE) program. Call 303-436-RISE (7473) or visit the [RISE subsite](#) on the Pulse.

How can community members help?

At this time, Denver Health is asking for cash donations as opposed to supplies. People who want to help are asked to contribute to the COVID-19 Urgent Response Fund at

[DenverHealthFoundation.org/ways-to-give/donate-now](https://denverhealthfoundation.org/ways-to-give/donate-now). Manufacturers, companies and individuals who are eager to donate supplies may send an email to COVID_vendors@dhha.org. Volunteer Services is accepting food donations. You can call (303) 602-2926 or send an email to DL_VolSvcs@dhha.org with questions and to coordinate. The food must be made in a professional kitchen, and each item needs to be individually wrapped and dated with the date created.