



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE EPIDEMIOLOGY
1610 NE 150th Street
Shoreline, Washington 98155-9701

COVID-19 Infection Control Assessment and Response (ICAR) Follow-up Report Saint Michael Medical Center – CHI Franciscan

Prepared by:

Patty Montgomery MPH, RN, CIC
Lead Infection Preventionist/Healthcare-Associated Infections Program
Washington State Department of Health (DOH)
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Delivered to:

Gib Morrow MD, MPH Health Officer Kitsap Public Health District (KPHD) on August 28, 2020.

ICAR Site Visit Participants:

Name	Title	Organization
David Weiss, MD	Chief Medical Officer	St. Michael Medical Center (SMMC)
Jeanell Rasmussen, RN	Director of Nursing	SMMC
Cathy McDonald RN, CIC	Infection Preventionist	SMMC
David Shultz, MD	Chief Executive Officer	SMMC
Gib Morrow, MD, MPH	Health Officer	KPHD
Patty Montgomery MPH, RN, CIC	Lead Infection Preventionist	DOH

Background:

On August 20, 2020, KPHD reported an outbreak of COVID-19 with ongoing transmission of patients and employees at SMMC in Bremerton, WA to the DOH HAI Program. Two teleconference meetings occurred on August 21, and included participants from KPHD, DOH, and the Centers for Disease Control and Prevention (CDC). Additionally, a teleconference meeting with UFCW 21 Union Leadership occurred on August 24. On August 25, 2020, DOH accompanied the KPHD Health Officer on an on-site assessment of infection prevention practices at SMMC. This report is to document observations and to provide public health recommendations and technical assistance. The site visit included discussions of practices and response activities in a conference room followed by a tour of three of the four impacted units, employee and visitor screening stations, the cafeteria, and the COVID 19 unit. On August 28th, the site

visit findings and recommendations were discussed at a multiagency meeting led by the Secretary of Health.

Facility Characteristics

St Michaels Medical Center (SMMC) is a 210 bed hospital serving Kitsap County with approximately 1800 employees. SMMC is part of the CHI Franciscan System. The SMMC reported a COVID-19 outbreak that was first identified in the oncology unit in early August with ongoing transmission of COVID 19. At the time of this report, a total of 54 cases have been reported in both staff and patients on at least 4 of the SMMC hospital units.

Key Findings

- Extended use of surgical masks is utilized for both source control and personal protective equipment (PPE).
- Staff identified as close contacts have worked in the facility.
- Aerosol generating procedures performed on asymptomatic positive patients may be a source of transmission.
- Facility is using PPE longer than recommended by current national guidelines.
- All staff at SMMC are being tested at CHI Franciscan Silverdale and Bremerton Campuses. Patients are tested on admission and at discharge.

Areas Requiring Immediate Action

- Require source control with surgical masks for patients when staff are in rooms or care areas.
- Consider admitting oncology patients to hospitals that do not have ongoing transmission.
- Prioritize testing of staff on floors with most vulnerable patients.
- Determine how hospital is defining exposure and how they are communicating with staff.
- Include KPHD in incident command structure.
- Provide additional staffing resources via public health to assist with employee health, especially employee case investigations and contact tracing (CI/CT). SMMC reported that a 0.5 FTE employee health nurse is responsible for, fit testing staff for N95 respirators, testing staff for COVID-19, oversight of employee screening process, and performing CI/CT.
 - SMMC has been recruiting for a 1.0 employee health FTE. Fit Testing Teams had been designated at the site to complete Fit Testing in addition to the Employee Health Staff
- Dedicate additional staffing resources to infection prevention. SMMC has 2.0 FTE infection preventionists to cover both Bremerton and Silverdale Campuses which include both hospitals and clinics. Organization should provide additional resources to perform surveillance, audits and training.
- Three patients on COVID-19 unit were being ruled out for COVID-19. Placing rule out patients on the dedicated COVID-19 unit may result in exposure for patients who were not positive. This could be particularly harmful if the patients was already dealing with a respiratory infection then became co-infected with SARS CoV-2. Dedicate staff to provide care for patients who are

quarantined on the COVID-19 unit and who do not move from COVID-19 positive patients to care for those being “ruled out”.

- Retain industrial hygiene staffing resources to review and improve respiratory protection plans especially for the use of N95s, powered air purifying respirators (PAPR), and controlled air purifying respirators (CAPR).
- If possible, create a unit specifically for exposed persons or persons under investigation (PUI). Place PUIs on droplet contact precautions and provide staff with N95 filtering face piece respirators. Dedicate staff to care for patients in this unit.
- Discontinue practice of using float staff that move from unit to unit, hospital to hospital.
- Provide training and space for staff to socially distance in break rooms, nurse stations, cafeteria and other spaces where staff congregate.
- Stop [non-essential](#) surgical procedures until testing of staff, case and contact investigations are completed and public health declares the outbreak is over.
- You are advised to come into compliance with all applicable state DOH and LNI worker safety and health (WISHA) regulations and guidance including but not limited to [Personal Protective Equipment \(PPE\) \(WAC 296-800-160\)](#), [Respirators \(Chapter 296-842 WAC\)](#), [COVID-19 Guidance for All Employers](#) and [PROCLAMATION BY THE GOVERNOR AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24](#) dated February 29, 2020.

Screening

- Continue active screening. Consider additional staffing for screening employees, as it is difficult for one person to watch staff entering and exiting the building.
- Recommend use of no touch thermometer and no touch hand sanitizer if possible.
- Label hand sanitizer when using distillery product.

Masks

- Continue universal masking (source control) with medical grade facemask for all employees in the patient care environment.
- For the duration of the outbreak, return to conventional capacity strategies for PPE use. Use facemasks according to product labeling and local, state and federal requirements with the following considerations.
 - Discontinue reuse of surgical masks. Extended use of surgical masks is acceptable when working in patient care areas as source control but should not be used beyond end of eight hour shift.
 - Facemask should be discarded and replaced when-
 - Removed by healthcare worker
 - Soiled or wet.
- N95 respirators should be changed as soon as possible
 - After performing aerosolizing procedures.
 - When wet or soiled.
 - Moving from COVID positive patient to COVID negative patient.

- Provide N95 filtering face piece respirators to staff who serve multiple units such as rapid response team, respiratory therapy, lab personnel, environmental services etc.
- Provide competency-based training to all staff:
 - When to use PPE
 - What PPE is necessary
 - How to properly don, use, and doff PPE in a manner to prevent self-contamination
 - How to properly dispose of or disinfect and maintain PPE
 - Limitations of PPE
- Provide safe place for staff to don and doff PPE prior to entering spaces where facemasks must be removed for eating and drinking. This includes breakrooms.
- Staff should don a new facemask prior to returning to the unit.
- Please request facemasks and N95s through EOC if there are shortages.

Eye Protection



- Continue use of universal eye protection.
- Disinfect face shield/goggles as recommended by manufacturer and store in a labeled paper bag.
- Staff observed wearing disposable eye protection. If there are not manufacturer guidelines for cleaning for reuse than these should be discarded between uses if supply allows.

Cleaning and Disinfection

- Provide competency-based training for all staff who are responsible for cleaning and disinfection of surfaces to include how to clean, chemicals used and contact time.
- Basins with chemicals should be labeled with contents.

Public Health

- Expedite testing results. Work with labs who can return results in 24 hours.
- Hospital should continue to work with public health to determine work exclusion. Ideally, staff should not be working if exposed and all staff who test positive should be excluded from work and isolated according to CDC guidelines.
- Facility is testing all patients on admission and now discharge on both campuses. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used. Patients should wear masks if tolerated when staff/employees are working with them.
- Follow CDC guidance on neonatal testing:
 - Testing for neonates born to mothers suspected or + for SARS CoV2 is included in [CDC recommendations](#) for the care of newborns.

- If neonates that have been discharged and are being readmitted the facility, or those that have received care and are identified by contact tracing of HCP that have developed COVID could be tested.

Observations General

Facility has begun mass testing of staff at Bremerton Campus and all SMMC branded facilities. Testing is set up in the ER bay where staff either drive or walk up and also at the Employee Health office.

University of Washington Virology Division's result turnaround time is 24 hours.

- Facility has retested targeted units. On units with outbreak cases identified (2W, 3N, 3W, 4W), staff who tested negative twice and are asymptomatic have returned to work.
- Asymptomatic staff who are considered exposed are quarantined off site for a full 14 days through serial testing event when first test is negative.
- Hospital is prioritizing surgical procedures and performing only those deemed urgent.
- In addition to identifying cases in patients admitted to the facility, the hospital has admitted more cases from the community including two postpartum mothers to the Silverdale Campus.
- As part of a large healthcare organization, SMMC reports access to PPE internally. SMMC policy is to issue one surgical mask to each employee in the morning, which they are to wear throughout the day.
- Employees are fit-tested for N95s. Employees that work on the COVID-19 Unit are issued an N95.
- Weekly fit-testing is provided on Wednesdays to staff whose current respirator is no longer available.
- CAPR and PAPRs used in COVID-19 unit 2SE (2 patients are in the ICU, 19 total COVID admitted to SMMC).
- Exposed patients on impacted units are quarantined in private rooms and on contact and droplet precautions.
- Each unit as one airborne infection isolation room (AIIR), except for the COVID-19 unit, which has changed the airflow to negative pressure in all rooms.
- Staff have sick time they can use and that they are not supposed to be working while ill. Per Infection Control, staff have been educated on this.
- Large float team had been floating from unit to unit, and this has stopped as of the week of August 10.
- Facility identified Aerosol Generating Procedures (AGPs) as a possible link between cases. Some staff present for AGPs were not wearing N95s, only surgical masks and eye protection. Shorter than recommended room turnover may have exposed patients and staff. The rooms were left empty for < two hours and AGPs were performed in rooms without negative air pressure, which conflicts with SMMC policy.
- Facility reported that HEPA filtration is being used on CPAP/BIPAP, bag valve masks and ventilators. Respiratory therapy wear fit-tested N95 respirators for all procedures.

Observations location specific

Screening Locations

- Employee Screening- staff are screened a separate entrance by a Certified Nursing Assistant (CNA). Staff read a list of symptoms posted on the wall and attest to not having any, they sign in date and time and have their temp taken and documented. They are provided a surgical mask for the day. Face shields and goggles are available in patient care areas.
- Employee check in was unorganized and crowded. The CNA screener did not distribute screening labels to staff consistently and neglected to provide labels to some that had already checked in.
- Staff exited and entered through same door.
- Staff using temporal thermometer rather than no touch thermometer.
- For visitor screening, only essential visitors are permitted and are screened at the front entry using same procedure as staff. This door is much better staffed than the employee entry.

Oncology unit

- Airflow of the patient care rooms neutral to the hallway not positive to the hallway. Doors are not closed unless person is on precautions. Unit has one AIIR. Eleven staff have tested positive for COVID-19 and excluded from work, as well as 4 patients, who were all in private rooms. Staff were wearing surgical masks and eye protection at nurses' station. Observed four staff that were not adequately social distancing (<6 feet of distance between them) at the nurses' station.
- The break room space is small as a maximum of 2 people can fit in the room when adequate social distancing is followed. Staff remove PPE in the breakroom and store their facemask and eye protection in their locker. Staff eat and drink in the break room so are not masked. After their break they don surgical mask and eye protection and perform hand hygiene prior to returning to work.
- Two patients remain on quarantine.
- Staff is currently dedicated to this unit.
- Not admitting new patients, however oncology patients have been admitted to other SMMC units where COVID-19 has not been identified in staff or residents.
- Based on observations, staff need retraining on donning and doffing PPE. Hospital should provide a safe place for staff to don and doff and a place to store PPE.

3N – Med-Surg Unit

- 3N doors were open to adjacent administrative wing, formerly a patient care unit.
- Non-patient care staff on the administrative unit are expected to wear cloth face coverings. One person observed in hallway without face covering. On 3N, all staff were wearing a facemask and all but one were wearing eye protection while charting at a computer on wheels.
- The break room is small. Lockers are on one wall, with sink refrigerator, table and bathroom. Staff doff PPE in break room and store in their locker less than 3 feet from the table they are

eating. Staff doff PPE and discard facemask when on break for eating or drinking. Staff should perform hand hygiene and don new facemask and eye protection before they return to work.

- One staff had an N95 stored in a bag at her computer station, “these are like gold.”
- Droplet and contact precautions were implemented for remaining quarantined patients who are asymptomatic.
- Quaternary ammonia solution is being used for frequent cleaning of surfaces. Solution has a 10-minute contact time. Solution is poured into a basin to saturate clean microfiber cloths. Basin labeled “disinfectant”. Staff did not appear to understand the meaning of contact time. The hospital IP reported that education on cleaning and disinfection has been provided to staff. Hospital is ordering disinfectants with a shorter contact time.

3W – Med-Surg Unit

- Two CAPRs are available for emergency use.
- N95s are not universally available on this unit, staff are fit-tested and have to be re-fit tested weekly for the N95 the facility has in stock.
- Started to talk through how an emergency intubation would be performed when more than two CAPRs are needed and not all staff have N95. Needed to redirect this conversation and provide staff education on safety precautions necessary during an emergency intubation.
- Observed N95 stored on isolation precaution cart in a paper bag labeled with name of employee.
- Unit doors do not close to the hallway.
- Observed break room and reviewed break room procedures. Break room observations of 3W mirrored that of the other units, including inconsistent storage of PPE in staff lockers.

Cafeteria

- Many people observed with their masks and face shields stored on the table, hanging off ear or around neck at outside space with 3-4 at a table. Inside space in cafeteria set-up to allow only 2 people at a table.
- While walking to the cafeteria, observed a line outside of Employee Health not socially distanced.

2SE – COVID-19 Unit

- COVID-19 Unit patients placed in AIIR.
- Unit staff reported that the Engineering Department check airflow in patient rooms every 12 hours to ensure negative pressure. However, no air flow indicator visuals were observed and no alarms in place. The airflow in many rooms at SMMC facilities has put this in place by changing the airflow. No staff on this unit have tested positive. PAPRs and CAPRS in use. In the break room, staff wore surgical mask around chin while drinking out of a cup.

References:

- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
- Using Personal Protective Equipment (PPE): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Optimizing Supply of PPE and Other Equipment during Shortages:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Strategies for Optimizing the Supply of Facemasks:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance):
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- DOH Conservation of Personal Protective Equipment (June 8):
<https://www.doh.wa.gov/Portals/1/Documents/ConservationStrat-PPE.pdf>