YNHHS Adult Inpatient COVID-19 Bedside Procedure Guidelines

Scope: Adult inpatients in YNHHS with COVID-19

Background:

1) Bedside procedures often require prolonged periods of time in close proximity to patients to perform the procedure appropriately. In the adult COVID 19 inpatient population, minimizing the amount of time spent in close proximity to patients is imperative for staff safety.

2) Bedside procedures are considered any invasive procedure that is performed at the bedside of an inpatient. Examples include, but are not limited to: lumbar puncture, paracentesis, thoracentesis, arthrocentesis, central line placement, etc.

Recommendations:

1) Urgent or Emergent Bedside procedures
   a. Primary team requesting the procedure should indicate urgent or emergent nature of the procedure
   b. Proceduralist should review and confirm urgent/emergent need for procedure, and review any routine barriers for performing the procedure safely

2) Non-urgent or Elective Bedside procedures
   a. Primary team requesting the procedure should give strong consideration as to whether the procedure is indicated and if it will change clinical management. Procedures that are non-urgent or non-emergent should generally be deferred if possible.
   b. Proceduralist should review chart, and provide advisement to alternative options for management as applicable.

3) Standards for Bedside Procedures
   a. PPE should be worn according to YNHHS guidelines for entering COVID +/PUI patient rooms
   b. All necessary equipment should be obtained prior to entering the room
   c. If further staff support is needed at bedside to safely perform the procedure, this should be coordinated and communicated in advance. Numbers of extra staff should be kept to the minimum required.
   d. Procedural equipment, such as ultrasound devices, should utilize protective sleeves or other devices, if available, to minimize contamination of the equipment and should be thoroughly disinfected after each procedure.