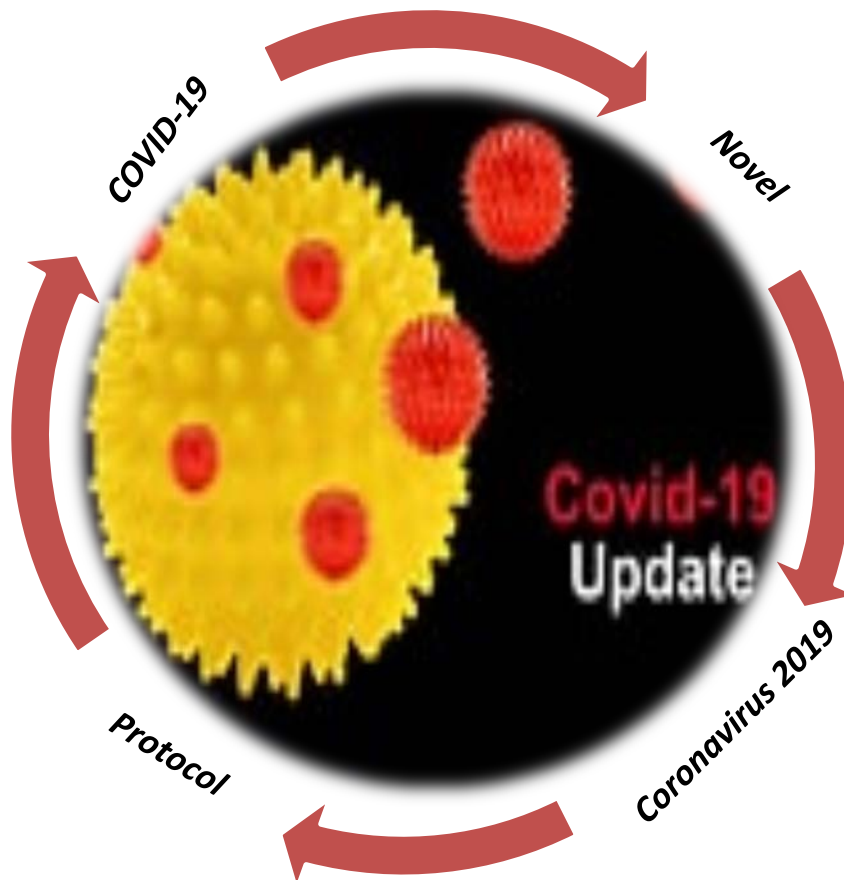


COVID-19 (Novel Coronavirus 2019) Protocol **7/15/2024**



SCOPE:

All Jackson Healthcare System facilities

PURPOSE:

Since the first case of COVID in USA in January 2020 we have learned a lot as to the Prevention, Diagnosis and Treatment of COVID-19. With that in mind, we have significantly thinned out our JHS COVID Protocol replacing a lot of the documents with links to the updated version of those documents.


COVID-19 is a viral respiratory illness caused by a novel coronavirus.

COVID-19 Burden


As per WHO as of June 23rd, 2024, globally there were 775,678,432 confirmed cases and 7,052,472 deaths. At least 223 countries, areas and territories in the world have COVID-19 cases. As per CDC for the week ending June 22, 2024, Hospitalization rate per 100,000 population was 2.0. As per CDC for the week ending 7/6/2024 % of all deaths in US due to COVID was 0.8%. As per FDOH Florida had 233,767 cases, so far 2024. In Miami Dade County 39,198 cases, so far in 2024.

PROCEDURAL STEPS FOR OBTAINING SPECIMEN


PERFORM HAND HYGIENE AND DON APPROPRIATE PERSONAL EQUIPMENT




Hand Hygiene




Isolation Gown
(optional)



Clean Gloves




N95 Mask
(and Surgical Mask
for conservation of
N-95 mask)



Eye Protection
(Goggles **OR**
Face Shield)

STEP: 1




- Gather swab and extraction reagent tube provided in the kit and bring to the patient's bedside.
- Insert the swab* into one nostril of the patient.
- The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril.

- Roll the swab 5 times along the mucosa inside the nostril to ensure that both mucus and cells are collected.


*Use only swabs provided with the kit.

STEP: 2



- Using the same swab, repeat this process for the other nostril to ensure that an adequate sample is collected from both nasal cavities.

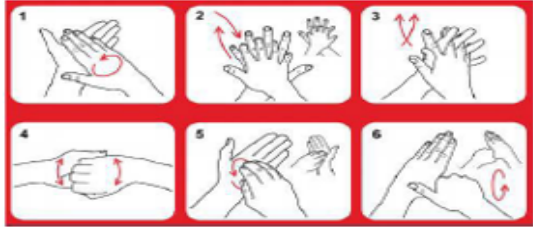
STEP: 3



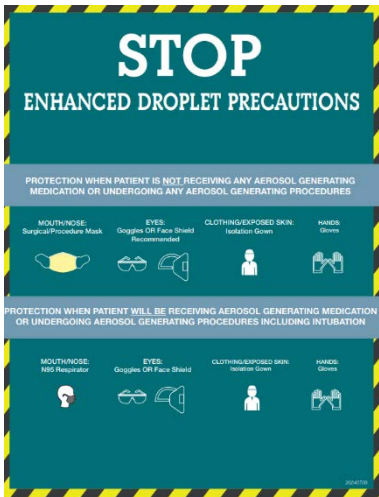
- Withdraw the swab from the nasal cavity.
- The sample is now ready for processing using the BD Veritor System SARS-CoV-2 kit.
- Please see next page for detailed instructions

- **Note: Test only one patient at a time. Avoid collecting specimen for multiple patients since only one test can be analyzed at a time.**

- Once test is completed and resulted, dispose of PPE as applicable and perform Hand Hygiene.



Infection Prevention and Control: Summary of COVID-19 Recommendations

COVID-19 Testing	
Symptomatic	Asymptomatic
All symptomatic patients should be tested for COVID- 19	<p>The following patient populations should be tested for COVID-19 regardless of symptoms upon admission:</p> <ul style="list-style-type: none"> • Pre-solid organ transplantation (SOT) surgery: organ transplantation recipient • Stem cell transplant recipients • Oncology patients admitted for chemotherapy
If JHS COVID-19 daily census > 150 patients, consult IPC for additional testing guidance.	
Transmission-Based Precautions (TBP)	
<p>All patients with suspected or confirmed COVID-19 infection should be placed on Enhanced Droplet Isolation Precautions (teal sign).</p>	
	
Patient Placement	
<p>When available, place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom.</p> <p>When housing patients in semi-private rooms, every effort will be made to cohort patient with the same respiratory pathogen.</p> <p>Procedures that could generate infectious aerosol and droplets as a source of respiratory pathogens should be performed cautiously and avoided if possible. These procedures should be conducted in a negative airflow room when possible, or in single-person room with closed door.</p> <p>Whenever needed, asymptomatic healthcare personnel using appropriate PPE and other infection prevention measures, can be assigned to the care of patients independent of their COVID-19 testing status.</p> <p>The need for designating an entire unit for care of patients with COVID-19 will be done jointly by Administrative, nursing and Infection Prevention leadership based on an assessment of indicators of facility and community levels of transmission.</p>	

Personal Protective Equipment (PPE)			
Routine Care (No Aerosol-Generating Procedure/Medication)		Aerosol-Generating Procedures/Medications	
Surgical mask Eye protection (goggles or face shield) Isolation gown Non-Sterile gloves		Respirator (N95 or higher) Eye protection (goggles or face shield) Isolation gown Non-Sterile gloves	
Don (Put On)	Doff (Remove)	Don (Put On)	Doff (Remove)
<ol style="list-style-type: none"> 1. Hand hygiene 2. Isolation gown 3. Surgical mask 4. Eye protection 5. Non-sterile gloves 	<ol style="list-style-type: none"> 1. Non-sterile gloves 2. Isolation gown 3. Hand hygiene 4. Eye protection 5. Surgical mask 6. Hand hygiene 	<ol style="list-style-type: none"> 1. Hand hygiene 2. Isolation gown 3. Respirator 4. Eye protection 5. Non-sterile gloves 	<ol style="list-style-type: none"> 1. Non-sterile gloves 2. Isolation gown 3. Hand hygiene 4. Eye protection 5. Respirator 6. Hand hygiene
Patient Transport			
<p>Patient movement outside of the patient room should be minimized to only transport that is medically necessary. If the patient must leave the room, they should don (or be assisted with the donning of) a surgical or procedural mask until they reach their destination, at which point, all health care worker (HCW) in contact with the patient should don masks. Staff transporting patient should don surgical mask for duration of transport.</p> <p>Communicate information about patients with suspected or confirmed infection to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.</p>			

Discontinuation of Enhanced Droplet Isolation Precautions		
Immunocompetent, Non-ICU/IMCU location	Immunocompetent, ICU/IMCU location	Immunocompromised, Any location
<p>On or following day #7, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 7.</p>	<p>On or following day #14, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 14.</p>	<p>On or following day #14, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision regarding need to de-escalate prior to day 14, or to extend isolation beyond day 14.</p>
<p>If above criteria are met, IP will resolve COVID-19 problem and document rationale for resolution in the record.</p>	<p>If above criteria are met, IP will resolve COVID-19 problem and document rationale for resolution in the record.</p>	<p>If above criteria are met, IP will collaborate with transplant ID team to make decision about need for isolation precautions. Additional laboratory testing or other diagnostics may be requested to inform decision-making.</p>

Discontinuation of Enhanced Droplet Isolation Precautions Continued

Once COVID-19 problem has been resolved, the banner bar will indicate “History of COVID-19” and “COVID- 19” tag will disappear.

Immunocompetent Patients	Immunocompromised Patients
Patient will no longer require Enhanced Droplet isolation precautions and can be moved to any unit, either single-patient or semi-private room.	Patient will no longer require Enhanced Droplet isolation precautions. Decision about patient placement will be determined collaboratively with ID Team.
Patients determined to be non-contagious (based on time since onset of symptoms/test [see Table – Discontinuation of Enhanced Droplet Isolation Precautions], or based on individual case review) can be housed with non- infected patients.	

IPC recommendations for COVID-19 Isolation Duration effective 7/15/2024

	Immunocompetent, Non-ICU/IMCU location	Immunocompetent, ICU/IMCU location	Immunocompromised, Any location
Current Process	<p>On or following day #10, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 10.</p>	<p>On or following day #22, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 22.</p>	<p>On or following day #28, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision regarding need to de-escalate prior to day 28, or to extend isolation beyond day 28. If above criteria are met, IP will collaborate with transplant ID team to make decision about need for isolation precautions. Additional laboratory testing or other diagnostics may be requested to inform decision-making.</p>
New Process Starting 7/15/2024	<p>On or following day #7, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 7.</p>	<p>On or following day #14, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision to de-escalate prior to day 14.</p>	<p>On or following day #14, patient will be evaluated for reduced symptoms, including being afebrile for 24 hours without antipyretic medication.</p> <p>If a patient has a positive SARS-CoV-2 test but is asymptomatic, then additional clinical, epidemiological and laboratory testing may be employed to inform decision regarding need to de-escalate prior to day 14, or to extend isolation beyond day 14. If above criteria are met, IP will collaborate with transplant ID team to make decision about need for isolation precautions. Additional laboratory testing or other diagnostics may be requested to inform decision-making.</p>

Postmortem Care for Patients with Suspect/Confirmed COVID-19 Illness

- HCW involved in preparing body for transport should don PPE, including isolation gown, non-sterile gloves, N95 respirator, and eye protection.
- The body should be handled per routine and placed in a fluid impermeable zippered bag. The exterior of the bag should be wiped with hospital disinfectant. At this point, the body bag can be safely handled using nitrile gloves as PPE, there is no requirement for the HCW to wear additional PPE for transporting the body to the morgue.
- Please contact the Infection Preventionist on call at 786-266-0624 to inform the team of the patient's death for Medical Examiner reporting.
- If an autopsy is planned, additional precautions must be taken, and those can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

If a medically necessary autopsy on a COVID-19 positive patient is required, where the cause of death is not believed to be due to COVID-19 or its complications, the attending physician who took care of the patient should communicate with the Autopsy Pathology Attending to discuss. In cases where laboratory data, radiology examination or other testing modality lead to a diagnosis, autopsy will be discouraged.

In cases where results of COVID 19 testing are pending, the autopsy will be delayed until such time the results are known. If negative, we will perform an autopsy as usual.

AUTOPSY ON CONFIRMED COVID 19 CASE

- The autopsy on COVID 19 cases will be performed in the JMH Morgue.
- The morgue attendants will use the proper Personal Protective Equipment as outlined in the Autopsy Pathology Manual.
- The Morgue Attendant will discuss the case with the Attending Pathologist.
- The Morgue Attendant will photograph the outside of the body, remove all organs and place them in formalin for 48 hours, as outlined for surgical pathology cases.
- The Attending Pathologist and Resident will review the organs.
- Examination of brain and spinal cord currently cannot be performed.
- In cases of questions by a surgeon, they will discuss the case with the Attending Pathologist, and they will come up with a plan for directly examining the body.

For outreach cases, we will not accept any cases of confirmed or suspected COVID 19 infection. If referrals are made for another reason, we will carefully screen the case as to the clinical circumstances.

Any questions, please reach out to us,

Clara Milikowski, MD, FACP

Director of Adult Autopsy Services, JMH and UM

Ali Saad, MD

Director of Pediatric Autopsy Services

Sakir H. Gultekin, MD

Director of Residency Program, Department of Pathology

IMPORTANT COMPLIANCE GUIDANCE FOR PRACTITIONERS WHO TREAT COVID-19 PATIENTS

Changes effective June 1, 2023 to require practitioners treating patients diagnosed with COVID-19 to obtain informed consent before prescribing medication and document compliance in patient's medical record

FL Statute 381.00316

Members of the medical staff

Recent changes to the above statute have been finalized and are now fully in effect and subject to review and enforcement by AHCA. The direct impact on providers would be the need to comply with the following directives associated with this revised statute.

- Health care practitioner must obtain informed consent from their patient before initiating COVID-19 related treatment
- Health care practitioners must obtain informed consent including communication of the relative advantages, disadvantages and risks associated with medications prescribed for COVID-19 treatment
- Health care practitioners treating patients diagnosed with COVID-19 shall indicate on such patient's medical record the practitioner's compliance with this statute

While Jackson Health System creates supporting documentation as to informed consent, each member of the medical staff engaged in treatment for COVID-19 conditions should ensure a progress note is completed that demonstrates compliance to the above bullet points. The health system will soon provide standard informed consents in iMed, suggested progress note template language and appropriate handout materials for the medications being used as authorized by the FDA for COVID-19 treatment. These aids will not replace the need for provider documentation but supplement that effort to comply with the revised statute.

To minimize pharmacy delays in dispensing medications to treat patients with COVID-19, we appreciate the collaboration of all providers and compliance with the above required documentation in progress notes.



Section: 100 – 200 Administration

Subject: Facial Coverings

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I. Purpose

The following Jackson Health System (JHS) policy is based on Senate Bill (SB) 252 Florida Statutes s. 408.824, facial covering requirements for health care practitioners and providers.

The law requires each provider to make masking policies and procedures accessible from the home page of the provider’s website and conspicuously displayed in the lobby of the Healthcare settings. The Agency for Health Care Administration (AHCA) has made clear that surveyors will be on the lookout for masking policies and may even ask staff to identify where such policies are located.

II. Definitions

Common Areas – Area in the healthcare settings where patients are not treated, diagnosed or examined.

Facial Coverings – Any cloth or surgical facemask, a face shield, or any other facial covering that covers the mouth and nose that is compliant with hospital’s current masking guidelines.

Locations – Any of the JHS owned or affiliated hospitals, campuses, facilities, premises, and locations.

Patients – Any person receiving treatment, care, or other services from hospital or any of its wholly owned or affiliated subsidiaries at any of the health system locations.

Professional Staff Members – Any person who is an appointee to the professional staff at any of the Health System Affiliated Hospitals , including allied health professionals, medical staff, associate staff, locum tenens, and any other person or provider with permanent or temporary privileges at any of the Health System Affiliated Hospitals who provides any care, treatment, or other services for hospital and/or patients of hospital, any of the Health System Affiliated Hospitals, or any of the Health System’s wholly owned subsidiaries.

Team Members – Any person that is a hospital employee, volunteer, student, resident, independent contractor, vendor, member of the Board of Hospital or Health System, or any other person who provides any care, treatment, or other services (including clinical staff and physicians) to hospital and/or patients of hospital at any of the hospital locations, or any of the Health System’s wholly owned or affiliated subsidiaries.

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Section: 100 – 200 Administration

Subject: Facial Coverings

Visitors – Any person visiting any of the Health System locations that is not a patient, team member, or professional staff member.

III. Procedure

A. Introduction

1. To ensure the health and safety of our patients, employees, and visitors, face masks will be required under certain circumstances, such as when a patient, visitor, or employee is exhibiting signs or symptoms of, or has a diagnosed infectious disease that can be spread through droplet or airborne transmission.
 - a. This policy applies to all patients, visitors, and employees two years of age and older.
2. Facial coverings and other personal protective equipment (PPE) recommendations and/or requirements may be reviewed and reassessed with national and state standards, and state and federal laws, rules, requirements, and regulations in the event of a community and/or national outbreak.
 - a. The standards and protocols in this policy will govern in the event that the hospital, clinic or health system encourages or requires the use of facial coverings at any of its locations.
 - b. Unless otherwise noted, all other JHS policies, procedures, and guidance that encourage or require the use of facial coverings are subject to the standards, protocols, and provisions herein.
3. This Policy does not apply to the use of personal protective equipment that are recommended and/or required for chemical or physical hazards, nor operating rooms or procedural areas where the standard of care is wearing a mask.
4. This Policy does not eliminate the requirements set forth on JHS Policy No. 352 – Influenza Vaccination Policy.

B. Protocols and Procedures

1. Patients
 - a. In certain circumstances JHS requires the use of facial coverings.
 - b. In certain circumstances, patients may be required to wear a mask in the common areas of the facility locations if the patient is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission.
2. Visitors
 - a. In the event that JHS requires the use of facial coverings, visitors may be required to wear a facial covering in certain circumstances if the visitor is:
 - i. Exhibiting signs or symptoms of, or has a diagnosed infectious disease that can be spread through droplet or airborne transmission;
 - ii. In any sterile area of a hospital location, including where surgeries, or procedures that require aseptic techniques, are performed;
 - iii. In an in-patient or clinical room with a patient who is exhibiting signs or symptoms of, or has a diagnosed infectious disease that can be spread through droplet or airborne transmission; or
 - iv. Visiting a patient whose treating healthcare provider has:
 - (1) Diagnosed the patient with or confirmed a condition affecting the immune system in a manner which is known to increase the risk of transmission of an infection to the patient from others without signs or symptoms of infection; and

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Section: 100 – 200 Administration

Subject: Facial Coverings

- (2) Determined that the use of a facial covering is necessary for the patient's safety.
3. Employees
 - a. Employees should avoid entering the facility if they are sick.
 - i. Employees who are sick should contact their immediate supervisor and the Occupational and Employee Health Office (OHO).
 - b. Employees will be required to wear an Food and Drug Administration (FDA)-certified medical/surgical mask (ASTM F2100) or NIOSH-approved respirator if they ARE:
 - i. Conducting sterile procedures,
 - ii. Working in a sterile area,
 - iii. Working with a patient whose treating health care practitioner has diagnosed the patient with, or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for the patient's safety.
 - iv. With a patient on droplet or airborne isolation, or
 - v. Engaging in non-clinical potentially hazardous activities that require facial coverings to prevent physical injury or harm in accordance with industry standards.
 4. Generally
 - a. Jackson Health System reserves the right to require the use of facial coverings at the facilities in other circumstances consistent with national and state standards, and state and federal laws, rules, requirements, and regulations.
- C. Opt-Out of Facial Covering Procedures
1. According to Fla. Stat. § 381.026, section (4)(a)4 of the Patient Bill of Rights:
 - a. "A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons."
 2. In the event that JHS encourages or requires the use of facial coverings at any of its locations, then visitors, patients, team members and professional staff members may opt-out from wearing facial coverings as follows:
 - a. If an alternative method of infection control is available, patients and visitors may opt-out of any existing facial covering requirements by notifying a provider, and such request will be reviewed consistent with the hospital's infection control procedures.
 - b. Employees may opt out of any facial covering requirements by notifying employee health, and such requests will be reviewed by JHS' Infection Prevention team.
 3. Notwithstanding, the opt-out provisions herein, in the event that JHS requires the use of facial coverings at any of its locations, the following exclusions shall apply:
 - a. If there are no alternative methods of infection control or infectious disease prevention, a patient may not opt-out of any facial covering requirements in the following circumstances:
 - i. A patient has been diagnosed or is exhibiting signs or symptoms of an infectious disease that can be spread through droplet or airborne transmission.
 - ii. Opting out has been identified by a provider as being medically or programmatically contraindicated for medical, safety or programmatic issues; or
 - iii. Opting-out would otherwise infringe on the rights, and would risk the safety or health, of other patients, individuals or staff/employees of the hospital.

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Subject: Facial Coverings

- b. If there are no alternative methods of infection control or infectious disease prevention, a visitor **may not** opt-out of any facial covering requirements in the following circumstances:
 - i. The visitor has been diagnosed or is exhibiting signs or symptoms of an infectious disease that can be spread through droplet or airborne transmission;
 - ii. Opting-out would otherwise infringe on the rights, and would risk the safety or health, of other patients, individuals, or staff/employees of the hospital; or
 - iii. There are no alternative methods of infection control or infectious disease prevention.
4. An employee **may not** opt-out of any facial covering requirements if the employee is:
 - a. Conducting a sterile procedure, including aseptic procedures or surgeries, that call for practices that minimize the risk of microbial contamination to reduce the rate of invasive or surgical site infection;
 - b. Caring for a patient or being present while sterile procedures are being performed, including aseptic procedures or surgeries;
 - c. Working in a sterile area of any hospital location, including where surgeries or procedures that require aseptic techniques are performed;
 - d. With a patient who is on droplet or airborne isolation;
 - e. Working with a patient whose treating health care provider has:
 - i. Diagnosed the patient with, or confirmed, a condition affecting the immune system in a manner which is known to increase the risk of transmission of an infection to the patient from others without signs or symptoms of infection and;
 - ii. Determined that the use of a facial covering is necessary for the patient's safety;
 - f. Engaging in potentially hazardous activities that require a facial covering to prevent infection, injury or harm in accordance with national, state, and industry standards, and state and federal laws, rules, requirements, and regulations.
5. The hospital reserves the right to consider other exclusions from the opt-out provisions in order to comply with applicable state and federal laws, rules, requirements and regulations.

IV. References

Centers for Medicare & Medicaid Services (CMS. (2020). Hospital infection control worksheet: Guidance portal. Hospital Infection Control Worksheet | Guidance Portal. <https://www.hhs.gov/guidance/document/hospital-infection-control-worksheet>

Centers for Disease Control and Prevention. (2021). Prevention strategies for seasonal influenza in healthcare settings. Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Fla. Stat. § 408.824 (SB 252)

Fla. Stat. § 381.026 (Florida Patient Bill of Rights)

Fla. Admin. Code 59AER23-1 (Definitions Rule)

Fla. Admin. Code 59AER23-2 (Standards Rule)

NIOSH. (2022, April). Hospital respiratory protection program toolkit. Centers for Disease Control and Prevention.

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Subject: Facial Coverings

[DHHS \(NIOSH\) Publication 2015-117, Hospital Respiratory Protection Toolkit \(cdc.gov\)](#)

OSHA Bloodborne Pathogens (29 CFR 1910.1030)

OSHA Personal Protective Equipment (29 CFR 1910. 132)

OSHA Respiratory Protection (29 CFR 1910. 134)

JHS 352 – Influenza Vaccination Policy

Responsible Party: Chief Physician Executive, JHS

Reviewing Committee(s): JHS Policy and Procedure Committee

Authorization: CEO, Jackson Health System

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Supersedes: NEW

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Contact Numbers

DOH		
Miami Dade County Department of Health	305 470-5660	
JACKSON HEALTH SYSTEM		
24 HR Phone list		
Jackson Memorial Hospital Main Campus	305 585-1111	
Jackson South Medical Center		
Jackson North Medical Center	305 651-1100	
Case Management (Main)	786-382-3453	
Case Management (North)	305-654-5018	
Case Management (South)	305-256-2127	
Risk Management	305 986-8921	
Environmental Services	305-585-7270	
Anti-microbial Stewardship	786-586-0607	
Microbiology Lab at JMH	305 585-6508	
Procurement /Supply chain	305 585-5668	
Infection Control/Prevention	305-585-6820	
Operating Room		
Patient Transport	305 585-6613	
AIC's		
AIC JMH	786-299-7517	
AIC JNMC	305-654-5095 ext #1	
AIC JSMC	305 256-5331	
SECURITY COMMAND CENTERS		
JMH	305-585-6111	
JNMC	305 651-1100 x2770	
JSMC	305 256-5222	
RESPIRATORY THERAPY 24 HR Phone list		
Office	305-585-7060	
Lead pager #	1842	
Manager	305-494-2899	Raymonde Jouissance
Manager	305-319-2210	Lanetra Garvin
Director	305-975-1657	William Tanelus
Holtz		
Lead pager #	2571	
Chief Therapist	954-243-6613	Micheline Plantada
North		
Office	305-654-5042	
Lead Ascom	291123	
Chief Therapist	305-469-9552	Ana Sanchez-Valdez
South		
Office	305-265-5032	
Lead Ascom	761795	
Chief Therapist	305-772-8499	Juan Castell

Jackson *In Action*

News and Information from Your Leadership

Jackson
HEALTH SYSTEM
Miracles made daily.

Dear Jackson Team,

Due to the steady decrease in respiratory viral illness cases throughout our hospitals and Miami-Dade County, **we have decided to ease masking protocols throughout our health system, effective tomorrow, Friday, March 1. Jackson employees, physicians, and providers no longer have to wear masks during all interactions with patients in our clinical settings.**

Masking will continue to be required in the following situations:

- For anyone displaying symptoms of an acute respiratory infection.
- When in all adult and pediatric operating rooms and procedural areas.
- If requested by patients for individuals providing them care, in any setting.
- For care of patients on transmission-based isolation precautions, such as airborne, droplet, enhanced droplet, etc.
- When providing direct care to immunocompromised patients.

We will continue to monitor local transmission rates of viruses like COVID-19, flu, and RSV, and use information from public health authorities like the Florida Department of Health and the Centers for Disease Control and Prevention to help guide our decisions related to our masking policy in the future.

As a reminder, masks are available in all patient care units and hospital entry points. While masking is not required of our patients and visitors, except in designated areas, anyone who would like to wear a mask is welcome to do so.

Thank you for your continued support and dedication to the health and well-being of our community.

Sincerely,

Chris Ghaemmaghami, MD

Executive Vice President, Chief Clinical Officer, and Chief Physician Executive
Jackson Health System

Lilian Abbo, MD, FIDSA

Associate Chief Medical Officer, Infectious Diseases
Jackson Health System

Jackson *In Action*

News and Information from Your Leadership

Jackson
HEALTH SYSTEM
Miracles made daily.

Dear Jackson Team,

Over the last few years, we've seen consistent spikes in COVID-19, flu, and common respiratory infection cases during the summer months. As many of us get ready to celebrate the Fourth of July holiday and plan for upcoming travel, it's important to prioritize the health of our patients, fellow team members, loved ones, and community.

If you're actively experiencing fever, sore throat, congestion, chills, or other cold- and flu-like symptoms, we strongly encourage you to request a personal leave day and stay home. If you're recovering from respiratory symptoms, consider using a mask while in Jackson work and patient areas.

We recommend you contact your primary care physician or family provider if you suspect you're positive for COVID or the flu. You can also visit your nearest [UHealth Jackson Urgent Care center](#) to receive care.



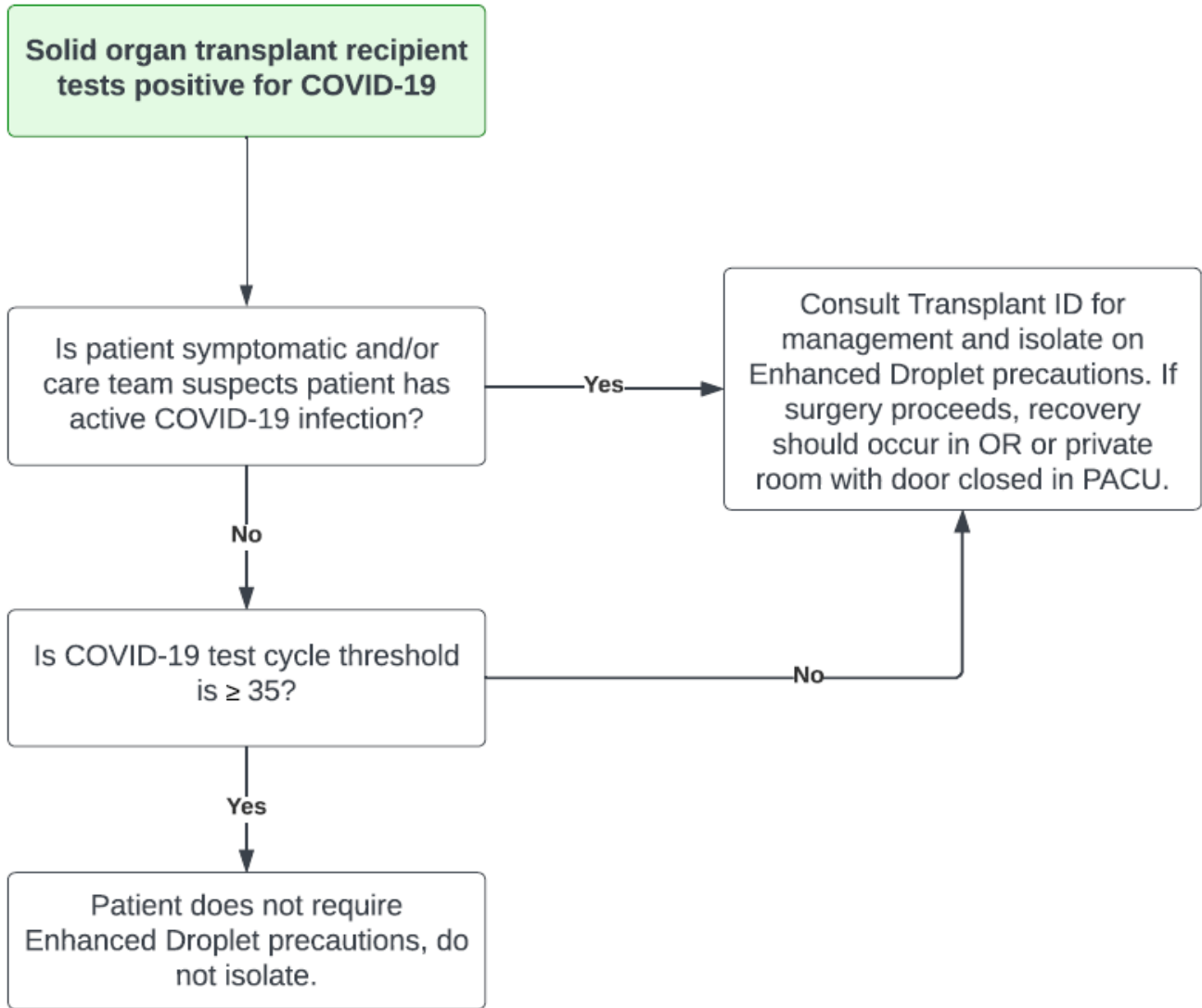
With your support, we can make a difference. Help keep our health system and Miami-Dade County safe.

Thank you for your continued support.

Sincerely,

Chris Ghaemmaghami, MD

Executive Vice President, Chief Clinical Officer, and Chief Physician Executive
Jackson Health System



APPENDICES

INFECTION CONTROL

Appendix 1 COVID-19 JHS STRATEGY FOR MANAGEMENT OF RESPIRATORY FAILURE, INCLUDING INTUBATION AND RESPIRATORY THERAPY GUIDELINES FOR AEROSOL GENERATING PROCEDURES IN CASES OF SUSPECTED OR PROVEN COVID 19. Please see Link [\(01\)](#)

HOLTZ/WOMEN

Appendix 2 JHS Policy No 430 Holtz/WHJ Management of Infants Born to Known or Suspected COVID 19 Positive Mothers [\(02\)](#) **Being updated**

Appendix 3 COVID Guidelines for the Newborn Service Holtz Children’s Hospital [\(03\)](#) **awaiting final review**

Appendix 4 “CDC HAN Health Advisory 432 “**Multisystem Inflammatory Syndrome** in Children (MIS-C) Associated with Corona Virus Disease 2019 (COVID-19) / Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children MIS in Adult (MIS-C) in the United States [\(04\)](#)

TREATMENT

Appendix 5 Treatment of Acute COVID Infection [\(05\)](#)

Please See New Updated Reference below

Infection Prevention Control

1. Ending Isolation and Precautions for People with COVID-19: Interim Guidance
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
2. Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
3. Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Specimen Collections (Post Mortem)

1. Collection and Submission of Postmortem Specimens from Deceased Persons with Confirmed or Suspected COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

Occupational Health

1. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html#:~:text=Following%20a%20higher%20risk%20exposure,after%20the%20second%20negative%20test>

Treatment

1. Interim Clinical Considerations for COVID-19 Treatment in Outpatients
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/outpatient-treatment-overview.html>
2. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines
<https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>
3. Therapeutic Management of Hospitalized Children With MIS-C, Plus a Discussion on MIS-A
<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-children/hospitalized-children-therapeutic-management-of-mis-c/>
4. Special Considerations in People Who Are Immunocompromised
https://www.covid19treatmentguidelines.nih.gov/special-populations/immunocompromised/?utm_source=site&utm_medium=home&utm_campaign=highlights
5. Clinical Management of Children Summary
https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-children/clinical-management-of-children-summary/?utm_source=site&utm_medium=home&utm_campaign=highlights
6. Remdesivir-Boosted Nirmatrelvir (Paxlovid)
https://www.covid19treatmentguidelines.nih.gov/therapies/antivirals-including-antibody-products/remdesivir-boosted-nirmatrelvir--paxlovid-/?utm_source=site&utm_medium=home&utm_campaign=highlights

7. Vilobelimab

https://www.covid19treatmentguidelines.nih.gov/therapies/immunomodulators/vilobelimab/?utm_source=site&utm_medium=home&utm_campaign=highlights

Vaccines

1. CDC's interim clinical considerations for use of 2023-24 formulations of Moderna Covid19 Vaccine and Pfizer BioNTech Covid19 Vaccine.
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
2. FDA's EUA Fact Sheets for Healthcare Providers for 2023-24 formula covid 19 vaccines (Pfizer and Moderna) for ages 6months to 11 years and Package Inserts for Pfizer (Comirnaty) and Moderna (Spikevax) 2023-24 formula Covid19 vaccine for ages 12 and older.
<https://www.fda.gov/media/155675/download?attachment>
<https://www.fda.gov/media/151707/download?attachment>
<https://www.fda.gov/media/167211/download>
[https://www.fda.gov/media/167208/download#:~:text=EMERGENCY%20USE%20AUTHORIZATION-,The%20U.S.%20Food%20and%20Drug%20Administration%20\(FDA\)%20has%20issued%20an,CoV%2D2\)%20in%20individuals%206](https://www.fda.gov/media/167208/download#:~:text=EMERGENCY%20USE%20AUTHORIZATION-,The%20U.S.%20Food%20and%20Drug%20Administration%20(FDA)%20has%20issued%20an,CoV%2D2)%20in%20individuals%206)
3. Updated (2023–2024 Formula) COVID-19 Vaccine Interim 2023-2024 COVID-19 Immunization Schedule for Persons 6 Months of Age and Older
<https://www.cdc.gov/vaccines/covid-19/downloads/covid-19-immunization-schedule-ages-6months-older.pdf>
4. Recommended updated (2023–2024 Formula) COVID-19 vaccines for people who are **NOT** moderately or severely immunocompromised*†
[Recommended updated \(2023-2024\) Formula Covid-19 vaccines for people who are NOT moderately or severely immunocompromised-October 12, 2023 \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/pdf/23-0101.pdf)

Long COVID

1. Distinguishing features of Long COVID identified through immune profiling
<https://www.nature.com/articles/s41586-023-06651-y>
2. People with Long COVID Have Distinct Hormonal and Immune Differences From Those Without This Condition <https://www.mountsinai.org/about/newsroom/2023/people-with-long-covid-have-distinct-hormonal-and-immune-differences-from-those-without-this-condition>
3. Long COVID: major findings, mechanisms and recommendations
<https://www.nature.com/articles/s41579-022-00846-2>