

# NK-HEALTHPROTECT™

## SAFEGUARDING YOUR HEALTHCARE PROFESSIONALS™



### Aiding our Healthcare Professionals in the Fight Against Infectious Disease

The U.S. Centers for Disease Control and Prevention (CDC) has recently expressed a need to address a broader scope of issues concerning new pathogens involving isolation guidelines<sup>1</sup>. We are on the cusp of a healthcare crisis not only within our borders, but throughout the world. We are still in the beginning stages of this COVID-19 crisis that has already been labeled an outbreak by the World Health Organization. As of March 7, the WHO reported that the number of people infected has surpassed 100,000<sup>2</sup>.

As reported by The New York Times among other news outlets, 1,700 healthcare workers have been infected with COVID-19, and the healthcare community has already lost 6 colleagues, team members and friends to this deadly outbreak<sup>3,4</sup>. The CDC's newly updated suggestions can be found here:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

\* The patient has to be within the sight of clinicians who operate the second graphic user interface.

### Protective Control® to Protect You

NK-HealthProtect™ is a Nihon Kohden advanced feature configuration designed to help safeguard patients and healthcare providers during a public health crisis. The feature, which is available with our NKV-550 Ventilator System and our Life Scope® G9 bedside monitor, allows clinicians to view, interact and monitor patient information outside of an isolation room.

The NKV-550 Ventilator System offers Protective Control, a feature which provides a second graphic user interface placed outside the isolation room of a contagious patient who is being mechanically ventilated. When managing a patient who has a respiratory infectious disease and is in isolation, this feature protects both the clinician and the patient.

An estimated 42 healthcare workers per million employed die each year from infections acquired at work<sup>5</sup>.

*"Protective Control places a second user interface outside an isolated or infectious environment, which provides respiratory therapists, clinicians and healthcare providers the ability to respond quickly to changing patient conditions," said Genoveffa Devers DNP, MSHA, RN, CPHQ, vice president of clinical and strategic alliances at Nihon Kohden. "This advanced configuration may allow a clinician to have more time to carefully don protective equipment rather than rushing in and potentially risking exposure."*

Through the second user interface, clinicians can safely\*:

- View the ventilator monitors and alarms
- Adjust ventilation and alarm settings
- Pause ventilator alarms
- View real-time graphics

This second graphic user interface may provide convenience in critical care environments where the primary graphic user interface may be in a location that is difficult for clinicians to access.



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### Implement Engineering Controls

From the CDC updated guidelines:

*"Consider designing and installing engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include physical barriers or partitions to guide patients through triage areas, curtains between patients in shared areas, closed suctioning systems for airway suctioning for intubated patients, as well as appropriate air-handling systems (with appropriate directionality, filtration, exchange rate, etc.) that are installed and properly maintained<sup>6</sup>."*



In these dynamic times when we have a new disease process we do not fully have a grasp on, we look to the guidelines set forth by the CDC and WHO. The CDC and WHO recommendations include the implementation of engineering controls. Engineering controls for infectious disease isolation provide front-line healthcare providers the tools to keep our patients and staff safe. We as a healthcare society always strive to provide the best care for our patients while adhering to the CDC and WHO recommendations.

Regrettably, healthcare organizations often face a lack of staff, especially in times of crisis, along with possible and realized shortages of personal protective equipment, as currently being seen in China<sup>4</sup>. With this, healthcare providers may take short cuts and place themselves at risk in order to care for their patients.

But what if they didn't have to? What if there was a product that could help minimize close patient interaction to only the most pertinent times while being monitored or on a mechanical ventilator? Scales, et al, demonstrated during his research that our most vulnerable healthcare professionals were the ones who were dealing with mechanically ventilated or non invasive ventilated patients<sup>7</sup>. Nurses were shown to have a higher instance of being infected when a patient was on NIPPV<sup>9</sup>. What If there was a product that could allow for manipulation of a mechanical ventilator and bedside monitor from outside the room, that could be a safe and effective new barrier precaution?

### NK-HealthProtect Critical Care Suite

In addition to our NKV-550 Series Ventilator System with second graphic user interface, our Life Scope G9 bedside monitor, with up to three independent monitors, can be co-located with the NKV-550 Ventilator enabling access to the full NK-HealthProtect critical care suite.

The Life Scope G9, Nihon Kohden's premier, fully-featured bedside monitor, offers care area-specific functionality with up to three independent monitoring screens for unique display configurations. For a patient in isolation, the primary monitoring screen is installed at the bedside, with a second interactive screen installed outside the isolation room, allowing clinicians quick and easy access to comprehensive patient data.

**For more information, please call 1-855-550-VENT  
or email [ventilator@nihonkohden.com](mailto:ventilator@nihonkohden.com)**

### References

<sup>1</sup> Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) Update JULY 2019 <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>. <sup>2</sup> WHO statement on cases of COVID-19 surpassing 100 000. (2020, March 7). Retrieved March 10, 2020, from <https://www.who.int/news-room/detail/07-03-2020-who-statement-on-cases-of-covid-19-surpassing-100-000>. <sup>3</sup> Live Updates: China Says 1,700 Health Workers Have Contracted Coronavirus <https://www.nytimes.com/2020/02/14/world/asia/china-coronavirus.html>. <sup>4</sup> Coronavirus: New China figures highlight toll on medical staff <https://www.bbc.com/news/world-asia-china-51501005>. <sup>5</sup> Sepkowitz KA and Eisenberg L: Emerging Infectious Diseases Vol. 11, No. 7, July 2005 <sup>6</sup> Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings Updated February 12, 2020 <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. <sup>7</sup> Illness in Intensive Care Staff after Brief Exposure to Severe Acute Respiratory Syndrome <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3033076/> Damon C. Scales, Karen Green, Adrienne K. Chan, Susan M. Poutanen, Donna Foster, Kylie Nowak, Janet M. Raboud, Refik Saskin, Stephen E. Lapinsky, and Thomas E. Stewart. <sup>8</sup> Young JG, D' Cunha C the SARS Provincial Operations Centre. SARS—directive to all Ontario acute care hospitals for high-risk procedures. Ontario Ministry of Health and Long Term Care. Directive 03-11, June 16, 2003. (Accessed June 17, 2003). Available from: URL: <http://www.oma.org/phealth/sars.htm>.

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