***REVISED 3/21/2020***

Check List for Managing Suspect Patients or Patients Under Investigation (PUI) for COVID-19 (novel coronavirus) 

INPATIENT & EMERGENCY ROOM (ER)

Daily updates can be found at *https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html*

**Step 1. Assessment: Identify Symptoms and Risk Factors**

- **1a.** Does patient have fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath) **AND** has contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset?
- **1b.** Does patient have fever **AND** symptoms of a lower respiratory illness (e.g., cough or shortness of breath) **AND** a history of travel from affected geographic areas* within 14 days of symptom onset?
- **1c.** Does patient have fever with severe acute lower respiratory illness requiring hospitalization without alternative explanatory diagnosis (e.g., influenza) **AND** no source of exposure has been identified?
- **1d.** Does patient have fever **AND** cough/shortness of breath and is ≥ 65 years old with chronic medical conditions that may put them at higher risk for poor outcomes (e.g., diabetes, hypertension, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- **1e.** If patient does not meet above criteria, AND clinician still wants to test patient due to other risk factors:
  - Consider testing patient at Clinician discretion.
  - Please keep in mind supply issues when considering testing
- **1f.** If yes to any of the above → go to Step 2 for ISOLATION and INITIATE COVID-19 Cerner Powerplan (EMER COVID)

**Step 2. Isolation: ER or Inpatient Isolation in Airborne Isolation Room**

- **2a.** Place surgical mask on patient and move to airborne isolation room, if available.
  - If isolation room not available, place patient in separate room/area, separated by 6 feet from others.
- **2b.** If patient is being sent from clinic or Ventura County Public Health (PH) to the Emergency Department (ED):
  - Place surgical mask on patient and call (805) 652-6168 (VCMC) or (805) 933-8663 (SPH) to notify the physician on duty.
  - Instruct patient to go directly to the ED and call above numbers from ED parking lot.
  - When available, escort patient directly to airborne isolation room.
- **2c.** Limit staff entering room
  - Attempt to assign single nurse and physician to patient
  - All must use N95 mask (or Powered Air-Purifying Respirator), eye shield or goggles, gown and gloves.
  - Sign log sheet on entry/exit (available on VCMC Med staff website). Once discharged, sign in sheet should go to Leticia Rodriguez.

**Step 3. Notify: Immediately report PUI suspect patient**

- **3a.** If patient meets PUI definitions in step 1, clinician can immediately order and test for COVID-19
  - Do not need to call PH and do NOT need to get PUI
- **3b.** All PUI suspects in ED who are being admitted: COVID test will be sent to PH
- **3c.** If ED Patient clinically well and being discharged home: COVID testing will be sent to QUEST
- **3d.** For all COVID suspects clinician should then call VCMC or SPH nursing supervisor to notify of potential PUI
- **3e.** Need for Infectious Disease Consultation to be determined at the clinician’s discretion.

**Step 4. Collect specimens**

- **4a.** Obtain swabs for testing and place in viral (universal) transport media
• 1 Nasopharyngeal (NP) swab in 1 vial (this will be shared for BOTH Influenza and COVID testing)
  • **Nasopharyngeal**: Insert swab into single nare parallel to palate and leave in place for a few seconds to absorb secretions,
  • Place swab immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media.

☐ 4b. If patient has productive cough, is intubated, or undergoing bronchoscopy, collect lower respiratory specimen:
  • **Lower respiratory (if possible)**: NOTE: *do not* induce sputum to collect sample:
  • Bronchoalveolar lavage or tracheal aspirate: Collect 2-3 mL into a sterile cup OR
  • Sputum: Patient to rinse mouth with water, then expectorate sputum from a deep cough into a sterile cup

☐ 4c. Place order for testing:
  • Utilize COVID-19 Cerner Powerplans (EMER COVID if inpatient/ER)
  • Order both influenza and COVID (2 separate tests) which will both be run on the one NP Swab above
  • order SARS Cov-2 PCR-PH Lab (Coronavirus PCR) NP swab and, if obtained, lower respiratory specimen **AND clinician needs to complete CMR**
  • If not a PH specimen, order **Quest Test Code is 39433: “SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR”**

☐ 4d. Clinician, or designee, caring for the patient will notify the laboratory that a specimen has been obtained.
  • Specimens **should not** be submitted to the laboratory via the pneumatic tube system (HAND DELIVERED).
  • Lab will handle via their biosafety regulations, refrigerate at 2-8°C and ship to PH (or outside) lab. 

**Step 5. Determine disposition**

☐ 5a. Disposition:
  • Need clearance from Infection Prevention for isolation removal AND Public health for discharge and transfer.
  • Discharged PUIs may be told to self-isolate and follow home isolation instructions until they are cleared. Discharge instruction under patient education on cerner and on med staff website.

☐ 5b. Cleaning: Notify Environmental services for proper cleaning of room/equipment. They will initiate cleaning AFTER the following times have elapsed.
  • VCMC, SPH, and clinic negative pressure rooms need minimum 45 mins wait time between patients.
  • VCMC standard rooms need minimum 3.5 hours wait time between patients.
  • SPH and standard rooms need minimum 1.5 hours wait time between patients.
  • Clinic standard rooms: refer to clinic manager for site-specific guidance.
  • Portable equipment should be cleaned with Clorox / bleach wipes, allowing for 3 minutes of dwell time.

☐ 5c. **Identification of Contacts**: Department managers and medical directors to survey exposures:
  • Submit list of all exposed personnel to IP/employee health daily:
  • Start process of supervising employee self-monitoring:
  • Department managers and medical directors to send daily self-monitoring form to Employee health/IP respectively.
  • Employee Health, Public health and Infection Prevention will risk stratify exposure based on patient’s COVID status, PPE worn, and procedure performed on patient:

Created by VCMC/SPH Department of Infectious Disease/Oceanview Medical Specialists using Hospital Administration, Ventura County PH and CDC guidance.