***REVISED 4/3/2020***

INPATIENT & EMERGENCY ROOM (ER)

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

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

**Step 1. ASSESSMENT: Identify symptoms and who to test**

☐ 1a. Hospitalized patient with signs and symptoms compatible with COVID-19 (fever, cough, SOB, myalgias, etc) with symptom onset in last 14 days

☐ 1b. Patient at higher risk for severe infection with signs and symptoms compatible with COVID-19 (ex: age ≥65, HTN, DM, heart disease, receiving immunosuppressant medications, chronic lung disease, chronic kidney disease, HIV, pregnancy)

☐ 1c. Residents and staff of long-term care facilities, correctional facilities, psychiatric facilities, homeless/homeless shelter, and patients on hemodialysis, with signs and symptoms compatible with COVID-19 (results time sensitive)

☐ 1d. Patients with symptoms compatible with COVID-19 whom testing would aid in decisions related to infection control and/or medical management

☐ 1e. Healthcare personnel and first responders with signs and symptoms compatible with COVID-19

**PATIENTS WHO MEET THE ABOVE CRITERIA SHOULD BE TESTED**

**PROCEED TO STEP 2 FOR ISOLATION AND INITIATE COVID-19 CERNER POWERPLAN (EMER COVID)**

**Step 2. ISOLATION**

☐ 2a. Immediately place surgical mask on patient and move to separate room/area, separated by 6 feet from others
- Airborne isolation rooms should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols (intubation, extubation, bronchoscopy, etc)

☐ 2b. If patient is being sent from clinic or 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 physician on duty.
- Instruct patient to go directly to the ED and call above numbers from ED parking lot.

☐ 2c. All staff entering room must use **Droplet precautions (surgical mask), eye shield or goggles, gown and gloves**
- **Airborne Precautions [N95 mask or Powered Air-Purifying Respirator (PAPR)]** required in addition to eye shield or goggles, gown and gloves, for patient encounters that involve aerosol generating procedures (AGP)
- AGP examples: intubation, extubation, bronchoscopy, nebulizers, BiPAP, NG Tube insertion, CPR, nasal canula > 6 lpm

☐ 2d. Limit staff entering room
- Assign 1 physician, 1 resident, 1 nurse, and possibly 1 tech to PUI suspect patient
- Place sign on door: STOP BEFORE ENTERING ROOM: SEE NURSE, to help bundle tasks to limit entry/exit into room
- All staff to use telephone/intercom to communicate with patient when possible to limit entry/exit into room

☐ 2e. Sign log sheet on entry/exit (available on VCMC Med staff website). Once discharged, affix patient ID label to sign-in sheet. Sign-in sheet needs to go to inbox in the nursing administration office.

**Step 3. NOTIFY: Immediately report Person Under Investigation (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 number**

☐ 3b. PUI suspects who meet any criteria 1a: **COVID test to be run at VCMC**

☐ 3c. PUI suspects who meet criteria 1b – 1e (under Step 1 above): **COVID test will be sent to Public Health**

☐ 3c. If ED Patient clinically well and being discharged home: **COVID test will be sent to QUEST**

☐ 3d. For all COVID suspects who are admitted, 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.
  
  **Healthcare providers should collect specimens using respirator/N95 + eye goggles + contact precautions**
  
  - 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. See video on medical staff website.
  
  - 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, **ALSO** 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
  
  - Lower respiratory samples are only run at Public Health

- **4c.** Place order for testing utilizing COVID-19 Cerner Powerplan (EMER COVID)
  
  - Clinician needs to complete CMR for all patients, regardless of testing at PH or Quest
  
  - VCMC TEST: ER admits, Inpatients & ICU with COVID respiratory symptoms and those needing rapid results for transporting for tests, discharge, or frequent nursing needs: Orders SARS CoV-2 VCMC. Can only test NP swab
  
  - PH TEST: For ER & Inpatients with low suspicion, or those not needing immediate results for discharge planning (i.e. anticipating SNF placement) & Physicians/critical staff with symptoms who needing testing. Order SARS Cov-2 PCR-PH Lab (Coronavirus PCR). Can test NP swab, and if obtained, lower respiratory specimen
  
  - QUEST TEST: all others: Order SARS Coronavirus with CoV-2 RNA, Quant Quest. Can only test NP swab
  
  - If during influenza season, order both respiratory and COVID (2 separate tests); both be run on the one NP Swab above

- **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 while inpatient
  
  - Only need Public health for clearance for discharge if patient is confirmed positive COVID
  
  - COVID suspect patients with unknown results can be discharged without PH clearance

  - PH phone: Monday - Friday, 8:00 am - 5:00 pm: (805) 981-5201, After-hours, weekends, and holidays: (805) 214-7057
  
  - 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

  - If no aerosol generating procedure (AGP) was performed, and only a NP swab was collected for testing, rooms at both campuses can be cleaned immediately after patient exits without waiting.

  - If AGP performed, will need to wait the following amount of time prior to cleaning:
    - VCMC, SPH negative pressure room: 45-minute wait time prior to cleaning
    - VCMC standard room: 3.5 hour wait time prior to cleaning
    - SPH standard room: 1.5 hour wait time prior to cleaning

  - Portable equipment should be cleaned according to the disinfection guidelines from infection control


- **5c.** Identification of Contacts:

  - Start process of employee self-monitoring:


    - If you become ill with fever, cough, shortness of breath, myalgias, lack of smell or taste, or sore throat, contact your direct supervisor and do not come to work until cleared

    - Employees call employee hotline: 805-981-5166. Physicians call Dr. Kory