

*****REVISED 8/27/2020*****

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 who to test

- 1a. Hospital admissions from ER or current inpatients with signs and symptoms compatible with COVID-19 (fever, cough, SOB, myalgias, fatigue, new loss of taste or smell, nausea, vomiting, diarrhea etc) with symptom onset in last 14 days (**VCMC = BioFire test / SPH = Cepheid test**)
 - 1b. Patients requiring urgent surgery, urgent procedure, or results would aid in decisions related to infection control cohorting, and/or where significant PPE could be conserved if test is negative (**VCMC/SPH Cepheid test**)
 - 1c. Residents of long-term care facilities, correctional facilities, psychiatric facilities, homeless/homeless shelter, and patients on hemodialysis (HD), with signs and symptoms compatible with COVID-19, who are not being admitted but facility **DOES NOT** have ability to isolate patient while awaiting results (**VCMC/SPH Cepheid test**)
 - 1d. **All women in labor admitted to Labor and Delivery (VCMC/SPH Cepheid test)**
 - 1e. Residents and staff of long-term care facilities, correctional facilities, psychiatric facilities, homeless/homeless shelter, and patients on HD, with signs and symptoms compatible with COVID-19, who are not being admitted and facility **DOES** have ability to isolate patient while awaiting results or who are being admitted and results needed for return to facility (**PH test**)
 - 1f. Patient who is stable for discharge home with cough or shortness of breath **OR** any of the following symptoms: fever¹, chills, muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, congestion/runny nose (**QUEST test**)
 - 1g. Patient who is asymptomatic **AND** meets any one of the following criteria
 - Healthy partner or support person of COVID-19+ mother who has chosen to separate from infant while inpatient (**VCMC/SPH Cepheid test**)
 - Close contact of person with lab-confirmed COVID-19+² (**QUEST test**)
 - 1h. All patients with planned non-elective surgery (**PH test**)
 - 1i. Healthcare personnel and first responders with signs and symptoms compatible with COVID-19 (**PH test**)
- ***If testing indication unclear, then the ER attending and admitting attending to discuss whether or not to test patient***

PATIENTS WHO MEET THE ABOVE CRITERIA SHOULD BE TESTED

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 (see AGP document on med staff website for full list)
- 2b. If patient is being sent from clinic or Public Health (PH) to the Emergency Room (ER):
 - 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**
 - If performing aerosol generating procedure (see AGP document on med staff website for full list), patient is on a ventilator, or critically ill, then **Airborne Precautions [N95 mask or Powered Air-Purifying Respirator (PAPR)]** required in addition to **face shield or goggles, gown and gloves**

¹ Fever may be subjective or confirmed (100.4 F)

² Close contact is defined as spending >15 minutes within 6 feet of an infected person not wearing a mask, and includes household contacts, visitors, and healthcare workers (**not wearing a mask or eye protection** while in contact with the patient), or having been in direct contact with infectious secretions (i.e. was coughed on, shared utensils with, was provided care by, or was cared for) of a patient with COVID-19

- 2d. Limit staff entering room: Assign 1 physician, 1 resident, 1 nurse, for 1 PUI or COVID-positive patient.
 - Place sign on door: STOP BEFORE ENTERING ROOM
 - All staff to use telephone/intercom to communicate with patient when possible to limit entry/exit into room
- 2e. All staff entering patient room need to be linked to the patient using the QR code posted on the door.

Step 3. NOTIFY: Person Under Investigation (PUI) suspect patient

- 3a. If patient meets criteria 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. For all COVID-19 suspects who are admitted, clinician to call VCMC or SPH nursing supervisor to notify of PUI
- 3c. Need for Infectious Disease Consultation to be determined at the clinician's discretion.
 - ID consult required & patient consent form needed prior to starting experimental treatment for COVID patients

Step 4. COLLECT SPECIMENS & ORDER TEST

- 4a. Obtain swabs for testing and place in viral (universal) transport media.

Healthcare providers should collect specimens using respirator/N95 + eye goggles or face shield + 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 10 seconds to absorb secretions. See video on medical staff website. **If NP swab is positive, please do not obtain further testing.**
 - Place swab immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media (**media should be pink, not yellow. If yellow, discard tube and obtain new vial of transport media**)
- 4b. If patient has productive cough AND going to ICU, is intubated/trached in ICU, undergoing bronchoscopy or physician has high suspicion for false negative NP test, would **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 (not VCMC/SPH or Quest)**
- 4c. Place order for testing utilizing COVID-19 Cerner Powerplan (EMER COVID)
 - **Clinician needs to complete CMR for all patients, regardless of where test will be sent**
 - **VCMC/SPH Cepheid test: SARS CoV-2 VCMC.** Can only test NP swab
 - **VCMC BioFire: VCMC Respiratory Panel.** Can only test NP swab
 - **PH test: SARS CoV-2 PCR-PH Lab (Coronavirus PCR).** Test NP swab, and if obtained, lower respiratory specimen
 - **QUEST test: SARS Coronavirus with CoV-2 RNA, Quant Quest.** Can only test NP swab
 - If during influenza season, **and not using BioFire (which runs both COVID and influenza),** order both influenza 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.
<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

Step 5. DETERMINE DISPOSITION

- 5a. **Disposition:**
 - Need clearance from Infection Prevention for isolation removal while inpatient (**see Policy on Discontinuation of Transmission-Based Precautions for details**)
 - Obtain Public health for clearance for discharge or transfer 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 NP swab 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
 - See http://hospitals.vchca.org/images/COVID_Isolation_and_Disinfection_2020_3_25.pdf
- 5c. **Identification of Contacts:**
 - Start process of employee self-monitoring:
 - http://hospitals.vchca.org/images/medical_staff/Log_COVID-19_Post-Exposure_Monitoring3.5.2020.pdf
 - 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/NP/PA/Residents contact Dr. Leah Kory via Tiger Text or hospital operator

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